

Appendices for SWMU
54 IM Completion
Report
Final
April 2011

Appendix A

Photo Log

Removal, Excavation and Loading



Soil Sampling



Site Restoration



Appendix B

Laboratory Data

Appendix B-1

Laboratory Data

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RFAAP	54	54BSC90B	3	3	Microbac	L10070586	54BSC90B
RFAAP	54	54BSC107B	7	7	Microbac	L10070586	54BSC107B
RFAAP	54	54BSC108B	8	8	Microbac	L10070586	54BSC108B
RFAAP	54	54BSC111B	9	9	Microbac	L10070586	54BSC111B
RFAAP	54	54BSC113B	9	9	Microbac	L10070586	54BSC113B
RFAAP	54	54BSC119B	7	7	Microbac	L10070586	54BSC119B
RFAAP	54	54BSC120B	7	7	Microbac	L10070586	54BSC120B
RFAAP	54	54BSC120B	7	7	Microbac	L10070586	54BSC120B
RFAAP	54	54BSC122B	7	7	Microbac	L10070586	54BSC122B
RFAAP	54	54BSC122B	7	7	Microbac	L10070586	54BSC122B
RFAAP	54	54BSC123B	7	7	Microbac	L10070586	54BSC123B
RFAAP	54	54BSC123B	7	7	Microbac	L10070586	54BSC123B
RFAAP	54	54BSC125B	7	7	Microbac	L10070586	54BSC125B
RFAAP	54	54BSC125B	7	7	Microbac	L10070586	54BSC125B

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Matrix	Lab Id	Prep_Method	Anal Method No	Sample Date	Receipt Date
SB	L10010235-01	SW7.33	SW7.33	01/13/10	01/15/10
SB	L10010235-03	SW7.33	SW7.33	01/13/10	01/15/10
SB	L10010235-05	SW7.33	SW7.33	01/13/10	01/15/10
SB	L10010235-07	SW7.33	SW7.33	01/13/10	01/15/10
SB	L10010235-09	SW7.33	SW7.33	01/13/10	01/15/10
SB	L10010235-11	SW7.33	SW7.33	01/13/10	01/15/10
SB	L10010235-13	SW7.33	SW7.33	01/13/10	01/15/10
SB	L10010235-15	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-17	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-19	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-21	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-23	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-25	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-27	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-29	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-31	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-33	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-35	SW7.33	SW7.33	01/14/10	01/15/10
SB	L10010235-01	9045D	9045C	01/13/10	01/15/10
SB	L10010235-03	9045D	9045C	01/13/10	01/15/10
SB	L10010235-05	9045D	9045C	01/13/10	01/15/10
SB	L10010235-07	9045D	9045C	01/13/10	01/15/10
SB	L10010235-09	9045D	9045C	01/13/10	01/15/10
SB	L10010235-11	9045D	9045C	01/13/10	01/15/10
SB	L10010235-13	9045D	9045C	01/13/10	01/15/10
SB	L10010235-15	9045D	9045C	01/14/10	01/15/10
SB	L10010235-17	9045D	9045C	01/14/10	01/15/10
SB	L10010235-19	9045D	9045C	01/14/10	01/15/10
SB	L10010235-21	9045D	9045C	01/14/10	01/15/10
SB	L10010235-23	9045D	9045C	01/14/10	01/15/10
SB	L10010235-25	9045D	9045C	01/14/10	01/15/10
SB	L10010235-27	9045D	9045C	01/14/10	01/15/10
SB	L10010235-29	9045D	9045C	01/14/10	01/15/10
SB	L10010235-31	9045D	9045C	01/14/10	01/15/10
SB	L10010235-33	9045D	9045C	01/14/10	01/15/10
SB	L10010235-35	9045D	9045C	01/14/10	01/15/10
SB	L10010235-01	1010	1010	01/13/10	01/15/10
SB	L10010235-03	1010	1010	01/13/10	01/15/10
SB	L10010235-05	1010	1010	01/13/10	01/15/10
SB	L10010235-07	1010	1010	01/13/10	01/15/10
SB	L10010235-09	1010	1010	01/13/10	01/15/10
SB	L10010235-11	1010	1010	01/13/10	01/15/10
SB	L10010235-13	1010	1010	01/13/10	01/15/10
SB	L10010235-15	1010	1010	01/14/10	01/15/10
SB	L10010235-17	1010	1010	01/14/10	01/15/10
SB	L10010235-19	1010	1010	01/14/10	01/15/10
SB	L10010235-21	1010	1010	01/14/10	01/15/10
SB	L10010235-23	1010	1010	01/14/10	01/15/10
SB	L10010235-25	1010	1010	01/14/10	01/15/10
SB	L10010235-27	1010	1010	01/14/10	01/15/10
SB	L10010235-29	1010	1010	01/14/10	01/15/10

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Prep Date	Analysis Date	CAS	Analyte	Result	Lab Qualifie
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.7	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	50	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.9	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.8	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.7	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	50	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.9	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.9	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.9	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	50	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.9	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	50	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.8	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.9	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.6	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.9	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.7	U
01/18/10	01/18/10	57-12-5	Reactivity, Cyanide	49.9	U
01/18/10	01/18/10	PH	Corrosivity pH	7.59	
01/18/10	01/18/10	PH	Corrosivity pH	7.91	
01/18/10	01/18/10	PH	Corrosivity pH	8.03	
01/18/10	01/18/10	PH	Corrosivity pH	8.04	
01/18/10	01/18/10	PH	Corrosivity pH	7.65	
01/18/10	01/18/10	PH	Corrosivity pH	8.13	
01/18/10	01/18/10	PH	Corrosivity pH	8.36	
01/18/10	01/18/10	PH	Corrosivity pH	8.04	
01/18/10	01/18/10	PH	Corrosivity pH	7.03	
01/18/10	01/18/10	PH	Corrosivity pH	8.42	
01/18/10	01/18/10	PH	Corrosivity pH	7.71	
01/18/10	01/18/10	PH	Corrosivity pH	7.73	
01/18/10	01/18/10	PH	Corrosivity pH	8.11	
01/18/10	01/18/10	PH	Corrosivity pH	8.04	
01/18/10	01/18/10	PH	Corrosivity pH	7.87	
01/18/10	01/18/10	PH	Corrosivity pH	8.02	
01/18/10	01/18/10	PH	Corrosivity pH	7.77	
01/18/10	01/18/10	PH	Corrosivity pH	8.55	
01/18/10	01/18/10	IGNIT	Ignitability		QNS
01/18/10	01/18/10	IGNIT	Ignitability	72	>
01/18/10	01/18/10	IGNIT	Ignitability		QNS
01/18/10	01/18/10	IGNIT	Ignitability	71	>
01/18/10	01/18/10	IGNIT	Ignitability	71	>
01/18/10	01/18/10	IGNIT	Ignitability	71	>
01/18/10	01/18/10	IGNIT	Ignitability	68	>
01/18/10	01/18/10	IGNIT	Ignitability	69	>
01/18/10	01/18/10	IGNIT	Ignitability	68	>
01/18/10	01/18/10	IGNIT	Ignitability	70	>
01/18/10	01/18/10	IGNIT	Ignitability	70	>
01/18/10	01/18/10	IGNIT	Ignitability	71	>
01/18/10	01/18/10	IGNIT	Ignitability	71	>
01/18/10	01/18/10	IGNIT	Ignitability		QNS
01/18/10	01/18/10	IGNIT	Ignitability		QNS

01/18/10	01/18/10	IGNIT	Ignitability	71	>
01/18/10	01/18/10	IGNIT	Ignitability		QNS
01/18/10	01/18/10	IGNIT	Ignitability	72	>
01/18/10	01/19/10	319-84-6	alpha-BHC	1.93	UJ
01/18/10	01/19/10	319-85-7	beta-BHC	1.93	UJ
01/18/10	01/19/10	319-86-8	delta-BHC	1.93	UJ
01/18/10	01/19/10	58-89-9	gamma-BHC (Lindane)	1.93	UJ
01/18/10	01/19/10	76-44-8	Heptachlor	1.93	UJ
01/18/10	01/19/10	309-00-2	Aldrin	1.93	UJ
01/18/10	01/19/10	1024-57-3	Heptachlor epoxide	1.93	UJ
01/18/10	01/19/10	959-98-8	Endosulfan I	1.93	UJ
01/18/10	01/19/10	60-57-1	Dieldrin	1.93	UJ
01/18/10	01/19/10	72-55-9	4,4'-DDE	1.93	UJ
01/18/10	01/19/10	72-20-8	Endrin	1.93	UJ
01/18/10	01/19/10	33213-65-9	Endosulfan II	1.93	UJ
01/18/10	01/19/10	72-54-8	4,4'-DDD	1.93	UJ
01/18/10	01/19/10	50-29-3	4,4'-DDT	1.93	UJ
01/18/10	01/19/10	72-43-5	Methoxychlor	1.93	UJ
01/18/10	01/19/10	53494-70-5	Endrin ketone	1.93	UJ
01/18/10	01/19/10	7421-93-4	Endrin aldehyde	1.93	UJ
01/18/10	01/19/10	5103-71-9	alpha Chlordane	1.93	UJ
01/18/10	01/19/10	5103-74-2	gamma Chlordane	1.93	UJ
01/18/10	01/19/10	8001-35-2	Toxaphene	38.5	UJ
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	61.2	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	61	
01/18/10	01/19/10	1031-07-8	Endosulfan sulfate	1.38	J
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	65.3	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	71.2	
01/18/10	01/19/10	319-84-6	alpha-BHC	1.89	UJ
01/18/10	01/19/10	319-85-7	beta-BHC	1.89	UJ
01/18/10	01/19/10	319-86-8	delta-BHC	1.89	UJ
01/18/10	01/19/10	58-89-9	gamma-BHC (Lindane)	1.89	UJ
01/18/10	01/19/10	76-44-8	Heptachlor	1.89	UJ
01/18/10	01/19/10	309-00-2	Aldrin	1.89	UJ
01/18/10	01/19/10	1024-57-3	Heptachlor epoxide	1.89	UJ
01/18/10	01/19/10	959-98-8	Endosulfan I	1.89	UJ
01/18/10	01/19/10	60-57-1	Dieldrin	1.89	UJ
01/18/10	01/19/10	72-55-9	4,4'-DDE	1.89	UJ
01/18/10	01/19/10	72-20-8	Endrin	1.89	UJ
01/18/10	01/19/10	33213-65-9	Endosulfan II	1.89	UJ
01/18/10	01/19/10	72-54-8	4,4'-DDD	1.89	UJ
01/18/10	01/19/10	1031-07-8	Endosulfan sulfate	1.89	UJ
01/18/10	01/19/10	50-29-3	4,4'-DDT	1.89	UJ
01/18/10	01/19/10	72-43-5	Methoxychlor	1.89	UJ
01/18/10	01/19/10	53494-70-5	Endrin ketone	1.89	UJ
01/18/10	01/19/10	7421-93-4	Endrin aldehyde	1.89	UJ
01/18/10	01/19/10	5103-71-9	alpha Chlordane	1.89	UJ
01/18/10	01/19/10	5103-74-2	gamma Chlordane	1.89	UJ
01/18/10	01/19/10	8001-35-2	Toxaphene	37.7	UJ
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	60.1	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	53.4	*
01/18/10	01/19/10	319-84-6	alpha-BHC	1.86	UJ

01/18/10	01/19/10	319-85-7	beta-BHC	1.86	UJ
01/18/10	01/19/10	319-86-8	delta-BHC	1.86	UJ
01/18/10	01/19/10	58-89-9	gamma-BHC (Lindane)	1.86	UJ
01/18/10	01/19/10	76-44-8	Heptachlor	1.86	UJ
01/18/10	01/19/10	309-00-2	Aldrin	1.86	UJ
01/18/10	01/19/10	1024-57-3	Heptachlor epoxide	1.86	UJ
01/18/10	01/19/10	959-98-8	Endosulfan I	1.86	UJ
01/18/10	01/19/10	60-57-1	Dieldrin	1.86	UJ
01/18/10	01/19/10	72-55-9	4,4'-DDE	1.86	UJ
01/18/10	01/19/10	72-20-8	Endrin	1.86	UJ
01/18/10	01/19/10	33213-65-9	Endosulfan II	1.86	UJ
01/18/10	01/19/10	72-54-8	4,4'-DDD	1.86	UJ
01/18/10	01/19/10	1031-07-8	Endosulfan sulfate	1.86	UJ
01/18/10	01/19/10	50-29-3	4,4'-DDT	1.86	UJ
01/18/10	01/19/10	72-43-5	Methoxychlor	1.86	UJ
01/18/10	01/19/10	53494-70-5	Endrin ketone	1.86	UJ
01/18/10	01/19/10	7421-93-4	Endrin aldehyde	1.86	UJ
01/18/10	01/19/10	5103-71-9	alpha Chlordane	1.86	UJ
01/18/10	01/19/10	5103-74-2	gamma Chlordane	1.86	UJ
01/18/10	01/19/10	8001-35-2	Toxaphene	37.3	UJ
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	63.6	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	52.9	*
01/18/10	01/19/10	319-84-6	alpha-BHC	1.89	UJ
01/18/10	01/19/10	319-85-7	beta-BHC	1.89	UJ
01/18/10	01/19/10	319-86-8	delta-BHC	1.89	UJ
01/18/10	01/19/10	58-89-9	gamma-BHC (Lindane)	1.89	UJ
01/18/10	01/19/10	76-44-8	Heptachlor	1.89	UJ
01/18/10	01/19/10	309-00-2	Aldrin	1.89	UJ
01/18/10	01/19/10	1024-57-3	Heptachlor epoxide	1.89	UJ
01/18/10	01/19/10	959-98-8	Endosulfan I	1.89	UJ
01/18/10	01/19/10	60-57-1	Dieldrin	1.89	UJ
01/18/10	01/19/10	72-55-9	4,4'-DDE	1.89	UJ
01/18/10	01/19/10	72-20-8	Endrin	1.89	UJ
01/18/10	01/19/10	33213-65-9	Endosulfan II	1.89	UJ
01/18/10	01/19/10	72-54-8	4,4'-DDD	1.89	UJ
01/18/10	01/19/10	1031-07-8	Endosulfan sulfate	1.89	UJ
01/18/10	01/19/10	50-29-3	4,4'-DDT	1.89	UJ
01/18/10	01/19/10	72-43-5	Methoxychlor	1.89	UJ
01/18/10	01/19/10	53494-70-5	Endrin ketone	1.89	UJ
01/18/10	01/19/10	7421-93-4	Endrin aldehyde	1.89	UJ
01/18/10	01/19/10	5103-71-9	alpha Chlordane	1.34	J
01/18/10	01/19/10	5103-74-2	gamma Chlordane	0.584	J
01/18/10	01/19/10	8001-35-2	Toxaphene	37.8	UJ
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	63.7	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	49.4	*
01/18/10	01/19/10	5103-71-9	alpha Chlordane	0.485	J
01/18/10	01/19/10	5103-74-2	gamma Chlordane	0.771	J
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	67.3	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	51.4	*
01/18/10	01/19/10	319-84-6	alpha-BHC	1.94	UJ
01/18/10	01/19/10	319-85-7	beta-BHC	1.94	UJ
01/18/10	01/19/10	319-86-8	delta-BHC	1.94	UJ

01/18/10	01/19/10	58-89-9	gamma-BHC (Lindane)	1.94	UJ
01/18/10	01/19/10	76-44-8	Heptachlor	1.94	UJ
01/18/10	01/19/10	309-00-2	Aldrin	1.94	UJ
01/18/10	01/19/10	1024-57-3	Heptachlor epoxide	1.94	UJ
01/18/10	01/19/10	959-98-8	Endosulfan I	1.94	UJ
01/18/10	01/19/10	60-57-1	Dieldrin	1.94	UJ
01/18/10	01/19/10	72-55-9	4,4'-DDE	1.94	UJ
01/18/10	01/19/10	72-20-8	Endrin	1.94	UJ
01/18/10	01/19/10	33213-65-9	Endosulfan II	1.94	UJ
01/18/10	01/19/10	72-54-8	4,4'-DDD	1.94	UJ
01/18/10	01/19/10	1031-07-8	Endosulfan sulfate	1.94	UJ
01/18/10	01/19/10	50-29-3	4,4'-DDT	1.94	UJ
01/18/10	01/19/10	72-43-5	Methoxychlor	1.94	UJ
01/18/10	01/19/10	53494-70-5	Endrin ketone	1.94	UJ
01/18/10	01/19/10	7421-93-4	Endrin aldehyde	1.94	UJ
01/18/10	01/19/10	5103-71-9	alpha Chlordane	1.94	UJ
01/18/10	01/19/10	5103-74-2	gamma Chlordane	1.94	UJ
01/18/10	01/19/10	8001-35-2	Toxaphene	38.7	UJ
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	59	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	56.6	
01/18/10	01/19/10	319-84-6	alpha-BHC	1.91	UJ
01/18/10	01/19/10	319-85-7	beta-BHC	1.91	UJ
01/18/10	01/19/10	319-86-8	delta-BHC	1.91	UJ
01/18/10	01/19/10	58-89-9	gamma-BHC (Lindane)	1.91	UJ
01/18/10	01/19/10	76-44-8	Heptachlor	1.91	UJ
01/18/10	01/19/10	309-00-2	Aldrin	1.91	UJ
01/18/10	01/19/10	1024-57-3	Heptachlor epoxide	1.91	UJ
01/18/10	01/19/10	959-98-8	Endosulfan I	1.91	UJ
01/18/10	01/19/10	60-57-1	Dieldrin	1.91	UJ
01/18/10	01/19/10	72-55-9	4,4'-DDE	1.91	UJ
01/18/10	01/19/10	72-20-8	Endrin	1.91	UJ
01/18/10	01/19/10	33213-65-9	Endosulfan II	1.91	UJ
01/18/10	01/19/10	72-54-8	4,4'-DDD	1.91	UJ
01/18/10	01/19/10	1031-07-8	Endosulfan sulfate	1.91	UJ
01/18/10	01/19/10	50-29-3	4,4'-DDT	1.91	UJ
01/18/10	01/19/10	72-43-5	Methoxychlor	1.91	UJ
01/18/10	01/19/10	53494-70-5	Endrin ketone	1.91	UJ
01/18/10	01/19/10	7421-93-4	Endrin aldehyde	1.91	UJ
01/18/10	01/19/10	5103-71-9	alpha Chlordane	1.91	UJ
01/18/10	01/19/10	5103-74-2	gamma Chlordane	1.91	UJ
01/18/10	01/19/10	8001-35-2	Toxaphene	38.2	UJ
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	66.7	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	53.4	*
01/18/10	01/19/10	319-84-6	alpha-BHC	1.85	UJ
01/18/10	01/19/10	319-85-7	beta-BHC	1.85	UJ
01/18/10	01/19/10	319-86-8	delta-BHC	1.85	UJ
01/18/10	01/19/10	58-89-9	gamma-BHC (Lindane)	1.85	UJ
01/18/10	01/19/10	76-44-8	Heptachlor	1.85	UJ
01/18/10	01/19/10	309-00-2	Aldrin	1.85	UJ
01/18/10	01/19/10	1024-57-3	Heptachlor epoxide	1.85	UJ
01/18/10	01/19/10	959-98-8	Endosulfan I	1.85	UJ
01/18/10	01/19/10	60-57-1	Dieldrin	1.85	UJ

01/18/10	01/19/10	72-55-9	4,4'-DDE	1.85	UJ
01/18/10	01/19/10	72-20-8	Endrin	1.85	UJ
01/18/10	01/19/10	33213-65-9	Endosulfan II	1.85	UJ
01/18/10	01/19/10	72-54-8	4,4'-DDD	1.85	UJ
01/18/10	01/19/10	1031-07-8	Endosulfan sulfate	1.85	UJ
01/18/10	01/19/10	50-29-3	4,4'-DDT	1.85	UJ
01/18/10	01/19/10	72-43-5	Methoxychlor	1.85	UJ
01/18/10	01/19/10	53494-70-5	Endrin ketone	1.85	UJ
01/18/10	01/19/10	7421-93-4	Endrin aldehyde	1.85	UJ
01/18/10	01/19/10	5103-71-9	alpha Chlordane	1.85	UJ
01/18/10	01/19/10	5103-74-2	gamma Chlordane	1.85	UJ
01/18/10	01/19/10	8001-35-2	Toxaphene	37	UJ
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	67.9	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	56.9	
01/18/10	01/19/10	319-84-6	alpha-BHC	9.35	UJ
01/18/10	01/19/10	319-85-7	beta-BHC	9.35	UJ
01/18/10	01/19/10	319-86-8	delta-BHC	9.35	UJ
01/18/10	01/19/10	58-89-9	gamma-BHC (Lindane)	9.35	UJ
01/18/10	01/19/10	76-44-8	Heptachlor	9.35	UJ
01/18/10	01/19/10	309-00-2	Aldrin	9.35	UJ
01/18/10	01/19/10	1024-57-3	Heptachlor epoxide	9.35	UJ
01/18/10	01/19/10	959-98-8	Endosulfan I	9.35	UJ
01/18/10	01/19/10	60-57-1	Dieldrin	9.35	UJ
01/18/10	01/19/10	72-55-9	4,4'-DDE	9.35	UJ
01/18/10	01/19/10	72-20-8	Endrin	9.35	UJ
01/18/10	01/19/10	33213-65-9	Endosulfan II	9.35	UJ
01/18/10	01/19/10	72-54-8	4,4'-DDD	9.35	UJ
01/18/10	01/19/10	1031-07-8	Endosulfan sulfate	9.35	UJ
01/18/10	01/19/10	50-29-3	4,4'-DDT	9.35	UJ
01/18/10	01/19/10	72-43-5	Methoxychlor	9.35	UJ
01/18/10	01/19/10	53494-70-5	Endrin ketone	9.35	UJ
01/18/10	01/19/10	7421-93-4	Endrin aldehyde	9.35	UJ
01/18/10	01/19/10	5103-74-2	gamma Chlordane	4.89	J
01/18/10	01/19/10	8001-35-2	Toxaphene	187	UJ
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	68.9	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	148	*
01/18/10	01/19/10	5103-71-9	alpha Chlordane	5.46	J
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	69.9	*
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	175	*
01/18/10	01/19/10	319-84-6	alpha-BHC	1.86	U
01/18/10	01/19/10	319-85-7	beta-BHC	1.86	U
01/18/10	01/19/10	319-86-8	delta-BHC	1.86	U
01/18/10	01/19/10	58-89-9	gamma-BHC (Lindane)	1.86	U
01/18/10	01/19/10	76-44-8	Heptachlor	1.86	U
01/18/10	01/19/10	309-00-2	Aldrin	1.86	U
01/18/10	01/19/10	1024-57-3	Heptachlor epoxide	1.86	U
01/18/10	01/19/10	959-98-8	Endosulfan I	1.86	U
01/18/10	01/19/10	60-57-1	Dieldrin	1.86	U
01/18/10	01/19/10	72-55-9	4,4'-DDE	1.86	U
01/18/10	01/19/10	72-20-8	Endrin	1.86	U
01/18/10	01/19/10	33213-65-9	Endosulfan II	1.86	U
01/18/10	01/19/10	72-54-8	4,4'-DDD	1.86	U

01/18/10	01/19/10	1031-07-8	Endosulfan sulfate	1.86	U
01/18/10	01/19/10	50-29-3	4,4'-DDT	1.86	U
01/18/10	01/19/10	72-43-5	Methoxychlor	1.86	U
01/18/10	01/19/10	53494-70-5	Endrin ketone	1.86	U
01/18/10	01/19/10	7421-93-4	Endrin aldehyde	1.86	U
01/18/10	01/19/10	5103-71-9	alpha Chlordane	1.86	U
01/18/10	01/19/10	5103-74-2	gamma Chlordane	1.86	U
01/18/10	01/19/10	8001-35-2	Toxaphene	37.3	U
01/18/10	01/19/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	70.6	
01/18/10	01/19/10	2051-24-3	Decachlorobiphenyl	64.4	
01/18/10	01/20/10	319-84-6	alpha-BHC	1.77	U
01/18/10	01/20/10	319-85-7	beta-BHC	1.77	U
01/18/10	01/20/10	319-86-8	delta-BHC	1.77	U
01/18/10	01/20/10	58-89-9	gamma-BHC (Lindane)	1.77	U
01/18/10	01/20/10	76-44-8	Heptachlor	1.77	U
01/18/10	01/20/10	309-00-2	Aldrin	1.77	U
01/18/10	01/20/10	1024-57-3	Heptachlor epoxide	1.77	U
01/18/10	01/20/10	959-98-8	Endosulfan I	1.77	U
01/18/10	01/20/10	60-57-1	Dieldrin	1.77	U
01/18/10	01/20/10	72-55-9	4,4'-DDE	1.77	U
01/18/10	01/20/10	72-20-8	Endrin	1.77	U
01/18/10	01/20/10	33213-65-9	Endosulfan II	1.77	U
01/18/10	01/20/10	72-54-8	4,4'-DDD	1.77	U
01/18/10	01/20/10	1031-07-8	Endosulfan sulfate	1.77	U
01/18/10	01/20/10	50-29-3	4,4'-DDT	1.77	U
01/18/10	01/20/10	72-43-5	Methoxychlor	1.77	U
01/18/10	01/20/10	53494-70-5	Endrin ketone	1.77	U
01/18/10	01/20/10	7421-93-4	Endrin aldehyde	1.77	U
01/18/10	01/20/10	5103-71-9	alpha Chlordane	67.6	
01/18/10	01/20/10	5103-74-2	gamma Chlordane	38.7	
01/18/10	01/20/10	8001-35-2	Toxaphene	35.4	U
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	75.4	
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	94.3	
01/18/10	01/20/10	5103-71-9	alpha Chlordane	33.8	J
01/18/10	01/20/10	5103-74-2	gamma Chlordane	44.8	J
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	69.6	*
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	125	
01/18/10	01/20/10	319-84-6	alpha-BHC	1.96	U
01/18/10	01/20/10	319-85-7	beta-BHC	1.96	U
01/18/10	01/20/10	319-86-8	delta-BHC	1.96	U
01/18/10	01/20/10	58-89-9	gamma-BHC (Lindane)	1.96	U
01/18/10	01/20/10	76-44-8	Heptachlor	1.96	U
01/18/10	01/20/10	309-00-2	Aldrin	1.96	U
01/18/10	01/20/10	1024-57-3	Heptachlor epoxide	1.96	U
01/18/10	01/20/10	959-98-8	Endosulfan I	1.96	U
01/18/10	01/20/10	60-57-1	Dieldrin	1.96	U
01/18/10	01/20/10	72-55-9	4,4'-DDE	1.96	U
01/18/10	01/20/10	72-20-8	Endrin	1.96	U
01/18/10	01/20/10	33213-65-9	Endosulfan II	1.96	U
01/18/10	01/20/10	72-54-8	4,4'-DDD	1.96	U
01/18/10	01/20/10	1031-07-8	Endosulfan sulfate	1.96	U
01/18/10	01/20/10	50-29-3	4,4'-DDT	1.96	U

01/18/10	01/20/10	72-43-5	Methoxychlor	1.96	U
01/18/10	01/20/10	53494-70-5	Endrin ketone	1.96	U
01/18/10	01/20/10	7421-93-4	Endrin aldehyde	1.96	U
01/18/10	01/20/10	8001-35-2	Toxaphene	39.2	U
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	73.9	
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	104	
01/18/10	01/20/10	5103-71-9	alpha Chlordane	93.1	J
01/18/10	01/20/10	5103-74-2	gamma Chlordane	118	J
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	72.8	
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	117	
01/18/10	01/21/10	319-84-6	alpha-BHC	19.6	U
01/18/10	01/21/10	319-85-7	beta-BHC	19.6	U
01/18/10	01/21/10	319-86-8	delta-BHC	19.6	U
01/18/10	01/21/10	58-89-9	gamma-BHC (Lindane)	19.6	U
01/18/10	01/21/10	76-44-8	Heptachlor	19.6	U
01/18/10	01/21/10	309-00-2	Aldrin	19.6	U
01/18/10	01/21/10	1024-57-3	Heptachlor epoxide	19.6	U
01/18/10	01/21/10	959-98-8	Endosulfan I	19.6	U
01/18/10	01/21/10	60-57-1	Dieldrin	19.6	U
01/18/10	01/21/10	72-55-9	4,4'-DDE	19.6	U
01/18/10	01/21/10	72-20-8	Endrin	19.6	U
01/18/10	01/21/10	33213-65-9	Endosulfan II	19.6	U
01/18/10	01/21/10	72-54-8	4,4'-DDD	19.6	U
01/18/10	01/21/10	1031-07-8	Endosulfan sulfate	19.6	U
01/18/10	01/21/10	50-29-3	4,4'-DDT	19.6	U
01/18/10	01/21/10	72-43-5	Methoxychlor	19.6	U
01/18/10	01/21/10	53494-70-5	Endrin ketone	19.6	U
01/18/10	01/21/10	7421-93-4	Endrin aldehyde	19.6	U
01/18/10	01/21/10	5103-74-2	gamma Chlordane	132	
01/18/10	01/21/10	8001-35-2	Toxaphene	392	U
01/18/10	01/21/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	79.9	
01/18/10	01/21/10	2051-24-3	Decachlorobiphenyl	70.3	
01/18/10	01/21/10	5103-71-9	alpha Chlordane	110	P
01/18/10	01/21/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	80.5	
01/18/10	01/21/10	2051-24-3	Decachlorobiphenyl	114	
01/18/10	01/20/10	319-84-6	alpha-BHC	1.92	UJ
01/18/10	01/20/10	319-85-7	beta-BHC	1.92	UJ
01/18/10	01/20/10	319-86-8	delta-BHC	1.92	UJ
01/18/10	01/20/10	58-89-9	gamma-BHC (Lindane)	1.92	UJ
01/18/10	01/20/10	76-44-8	Heptachlor	1.92	UJ
01/18/10	01/20/10	309-00-2	Aldrin	1.92	UJ
01/18/10	01/20/10	1024-57-3	Heptachlor epoxide	1.92	UJ
01/18/10	01/20/10	959-98-8	Endosulfan I	1.92	UJ
01/18/10	01/20/10	60-57-1	Dieldrin	1.92	UJ
01/18/10	01/20/10	72-55-9	4,4'-DDE	1.92	UJ
01/18/10	01/20/10	72-20-8	Endrin	1.92	UJ
01/18/10	01/20/10	33213-65-9	Endosulfan II	1.92	UJ
01/18/10	01/20/10	72-54-8	4,4'-DDD	1.92	UJ
01/18/10	01/20/10	1031-07-8	Endosulfan sulfate	1.92	UJ
01/18/10	01/20/10	50-29-3	4,4'-DDT	1.92	UJ
01/18/10	01/20/10	72-43-5	Methoxychlor	1.92	UJ
01/18/10	01/20/10	53494-70-5	Endrin ketone	1.92	UJ

01/18/10	01/20/10	7421-93-4	Endrin aldehyde	1.92	UJ
01/18/10	01/20/10	5103-71-9	alpha Chlordane	0.631	J
01/18/10	01/20/10	5103-74-2	gamma Chlordane	1.92	UJ
01/18/10	01/20/10	8001-35-2	Toxaphene	38.3	UJ
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	64	*
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	63.4	
01/18/10	01/20/10	319-84-6	alpha-BHC	1.86	UJ
01/18/10	01/20/10	319-85-7	beta-BHC	1.86	UJ
01/18/10	01/20/10	319-86-8	delta-BHC	1.86	UJ
01/18/10	01/20/10	58-89-9	gamma-BHC (Lindane)	1.86	UJ
01/18/10	01/20/10	76-44-8	Heptachlor	1.86	UJ
01/18/10	01/20/10	309-00-2	Aldrin	1.86	UJ
01/18/10	01/20/10	1024-57-3	Heptachlor epoxide	1.86	UJ
01/18/10	01/20/10	959-98-8	Endosulfan I	1.86	UJ
01/18/10	01/20/10	60-57-1	Dieldrin	1.86	UJ
01/18/10	01/20/10	72-55-9	4,4'-DDE	1.86	UJ
01/18/10	01/20/10	72-20-8	Endrin	1.86	UJ
01/18/10	01/20/10	33213-65-9	Endosulfan II	1.86	UJ
01/18/10	01/20/10	72-54-8	4,4'-DDD	1.86	UJ
01/18/10	01/20/10	1031-07-8	Endosulfan sulfate	1.86	UJ
01/18/10	01/20/10	50-29-3	4,4'-DDT	1.86	UJ
01/18/10	01/20/10	72-43-5	Methoxychlor	1.86	UJ
01/18/10	01/20/10	53494-70-5	Endrin ketone	1.86	UJ
01/18/10	01/20/10	7421-93-4	Endrin aldehyde	1.86	UJ
01/18/10	01/20/10	5103-71-9	alpha Chlordane	1.86	UJ
01/18/10	01/20/10	5103-74-2	gamma Chlordane	1.86	UJ
01/18/10	01/20/10	8001-35-2	Toxaphene	37.1	UJ
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	67.6	*
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	64.2	
01/18/10	01/20/10	319-84-6	alpha-BHC	1.96	UJ
01/18/10	01/20/10	319-85-7	beta-BHC	1.96	UJ
01/18/10	01/20/10	319-86-8	delta-BHC	1.96	UJ
01/18/10	01/20/10	58-89-9	gamma-BHC (Lindane)	1.96	UJ
01/18/10	01/20/10	76-44-8	Heptachlor	1.96	UJ
01/18/10	01/20/10	309-00-2	Aldrin	1.96	UJ
01/18/10	01/20/10	1024-57-3	Heptachlor epoxide	1.96	UJ
01/18/10	01/20/10	959-98-8	Endosulfan I	1.96	UJ
01/18/10	01/20/10	60-57-1	Dieldrin	1.96	UJ
01/18/10	01/20/10	72-55-9	4,4'-DDE	1.96	UJ
01/18/10	01/20/10	72-20-8	Endrin	1.96	UJ
01/18/10	01/20/10	33213-65-9	Endosulfan II	1.96	UJ
01/18/10	01/20/10	72-54-8	4,4'-DDD	1.96	UJ
01/18/10	01/20/10	1031-07-8	Endosulfan sulfate	1.96	UJ
01/18/10	01/20/10	50-29-3	4,4'-DDT	1.96	UJ
01/18/10	01/20/10	72-43-5	Methoxychlor	1.96	UJ
01/18/10	01/20/10	53494-70-5	Endrin ketone	1.96	UJ
01/18/10	01/20/10	7421-93-4	Endrin aldehyde	1.96	UJ
01/18/10	01/20/10	8001-35-2	Toxaphene	39.3	UJ
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	64.7	*
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	103	
01/18/10	01/20/10	5103-71-9	alpha Chlordane	24.5	J
01/18/10	01/20/10	5103-74-2	gamma Chlordane	37.8	J

01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	67.8	*
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	124	
01/18/10	01/20/10	319-84-6	alpha-BHC	1.88	UJ
01/18/10	01/20/10	319-85-7	beta-BHC	1.88	UJ
01/18/10	01/20/10	319-86-8	delta-BHC	1.88	UJ
01/18/10	01/20/10	58-89-9	gamma-BHC (Lindane)	1.88	UJ
01/18/10	01/20/10	76-44-8	Heptachlor	1.88	UJ
01/18/10	01/20/10	309-00-2	Aldrin	1.88	UJ
01/18/10	01/20/10	1024-57-3	Heptachlor epoxide	1.88	UJ
01/18/10	01/20/10	959-98-8	Endosulfan I	1.88	UJ
01/18/10	01/20/10	60-57-1	Dieldrin	1.88	UJ
01/18/10	01/20/10	72-55-9	4,4'-DDE	1.88	UJ
01/18/10	01/20/10	72-20-8	Endrin	1.88	UJ
01/18/10	01/20/10	33213-65-9	Endosulfan II	1.88	UJ
01/18/10	01/20/10	72-54-8	4,4'-DDD	1.88	UJ
01/18/10	01/20/10	1031-07-8	Endosulfan sulfate	1.88	UJ
01/18/10	01/20/10	50-29-3	4,4'-DDT	1.88	UJ
01/18/10	01/20/10	72-43-5	Methoxychlor	1.88	UJ
01/18/10	01/20/10	53494-70-5	Endrin ketone	1.88	UJ
01/18/10	01/20/10	7421-93-4	Endrin aldehyde	1.88	UJ
01/18/10	01/20/10	5103-74-2	gamma Chlordane	1.14	J
01/18/10	01/20/10	8001-35-2	Toxaphene	37.7	UJ
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	66.6	*
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	66.7	
01/18/10	01/20/10	5103-71-9	alpha Chlordane	1.06	J
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	70.8	
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	91.2	
01/18/10	01/20/10	319-84-6	alpha-BHC	2.03	UJ
01/18/10	01/20/10	319-85-7	beta-BHC	2.03	UJ
01/18/10	01/20/10	319-86-8	delta-BHC	2.03	UJ
01/18/10	01/20/10	58-89-9	gamma-BHC (Lindane)	2.03	UJ
01/18/10	01/20/10	76-44-8	Heptachlor	2.03	UJ
01/18/10	01/20/10	309-00-2	Aldrin	2.03	UJ
01/18/10	01/20/10	1024-57-3	Heptachlor epoxide	2.03	UJ
01/18/10	01/20/10	959-98-8	Endosulfan I	2.03	UJ
01/18/10	01/20/10	60-57-1	Dieldrin	2.03	UJ
01/18/10	01/20/10	72-55-9	4,4'-DDE	2.03	UJ
01/18/10	01/20/10	72-20-8	Endrin	2.03	UJ
01/18/10	01/20/10	33213-65-9	Endosulfan II	2.03	UJ
01/18/10	01/20/10	72-54-8	4,4'-DDD	2.03	UJ
01/18/10	01/20/10	1031-07-8	Endosulfan sulfate	2.03	UJ
01/18/10	01/20/10	50-29-3	4,4'-DDT	2.03	UJ
01/18/10	01/20/10	72-43-5	Methoxychlor	2.03	UJ
01/18/10	01/20/10	53494-70-5	Endrin ketone	2.03	UJ
01/18/10	01/20/10	7421-93-4	Endrin aldehyde	2.03	UJ
01/18/10	01/20/10	5103-71-9	alpha Chlordane	2.03	UJ
01/18/10	01/20/10	5103-74-2	gamma Chlordane	2.03	UJ
01/18/10	01/20/10	8001-35-2	Toxaphene	40.7	UJ
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	61.8	*
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	61.8	
01/18/10	01/20/10	319-84-6	alpha-BHC	1.96	U
01/18/10	01/20/10	319-85-7	beta-BHC	1.96	U

01/18/10	01/20/10	319-86-8	delta-BHC	1.96	U
01/18/10	01/20/10	58-89-9	gamma-BHC (Lindane)	1.96	U
01/18/10	01/20/10	76-44-8	Heptachlor	1.96	U
01/18/10	01/20/10	309-00-2	Aldrin	1.96	U
01/18/10	01/20/10	1024-57-3	Heptachlor epoxide	1.96	U
01/18/10	01/20/10	959-98-8	Endosulfan I	1.96	U
01/18/10	01/20/10	60-57-1	Dieldrin	1.96	U
01/18/10	01/20/10	72-55-9	4,4'-DDE	1.96	U
01/18/10	01/20/10	72-20-8	Endrin	1.96	U
01/18/10	01/20/10	33213-65-9	Endosulfan II	1.96	U
01/18/10	01/20/10	72-54-8	4,4'-DDD	1.96	U
01/18/10	01/20/10	1031-07-8	Endosulfan sulfate	1.96	U
01/18/10	01/20/10	50-29-3	4,4'-DDT	1.96	U
01/18/10	01/20/10	72-43-5	Methoxychlor	1.96	U
01/18/10	01/20/10	53494-70-5	Endrin ketone	1.96	U
01/18/10	01/20/10	7421-93-4	Endrin aldehyde	1.96	U
01/18/10	01/20/10	5103-74-2	gamma Chlordane	3.53	
01/18/10	01/20/10	8001-35-2	Toxaphene	39.2	U
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	70.9	
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	78.4	
01/18/10	01/20/10	5103-71-9	alpha Chlordane	3.23	J
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	63.5	*
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	86.8	
01/18/10	01/20/10	319-84-6	alpha-BHC	8.76	U
01/18/10	01/20/10	319-85-7	beta-BHC	8.76	U
01/18/10	01/20/10	319-86-8	delta-BHC	8.76	U
01/18/10	01/20/10	58-89-9	gamma-BHC (Lindane)	8.76	U
01/18/10	01/20/10	76-44-8	Heptachlor	8.76	U
01/18/10	01/20/10	309-00-2	Aldrin	8.76	U
01/18/10	01/20/10	1024-57-3	Heptachlor epoxide	8.76	U
01/18/10	01/20/10	959-98-8	Endosulfan I	8.76	U
01/18/10	01/20/10	60-57-1	Dieldrin	8.76	U
01/18/10	01/20/10	72-55-9	4,4'-DDE	8.76	U
01/18/10	01/20/10	72-20-8	Endrin	8.76	U
01/18/10	01/20/10	33213-65-9	Endosulfan II	8.76	U
01/18/10	01/20/10	72-54-8	4,4'-DDD	8.76	U
01/18/10	01/20/10	1031-07-8	Endosulfan sulfate	8.76	U
01/18/10	01/20/10	50-29-3	4,4'-DDT	8.76	U
01/18/10	01/20/10	72-43-5	Methoxychlor	8.76	U
01/18/10	01/20/10	53494-70-5	Endrin ketone	8.76	U
01/18/10	01/20/10	7421-93-4	Endrin aldehyde	8.76	U
01/18/10	01/20/10	5103-74-2	gamma Chlordane	8.73	J
01/18/10	01/20/10	8001-35-2	Toxaphene	175	U
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	79.9	
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	104	
01/18/10	01/20/10	5103-71-9	alpha Chlordane	10.7	J
01/18/10	01/20/10	877-09-8	2,4,5,6-Tetrachloro-m-xylene	78.8	
01/18/10	01/20/10	2051-24-3	Decachlorobiphenyl	166	*
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U

01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/18/10	01/18/10	18496-25-8	Reactivity, Sulfide	100	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0007	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0010	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0009	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0010	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0007	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0010	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0008	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0010	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0017	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0031	
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0012	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U

01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0022	
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0014	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0003	J
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0021	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0000	J
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/20/10	7439-92-1	Lead, TCLP	0.0876	
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0005	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0010	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0016	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0092	
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0018	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0034	
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0006	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0010	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0007	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0002	J
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U

01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0023	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0024	
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0007	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0010	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0010	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0010	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0023	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0000	J
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/19/10	01/20/10	7439-92-1	Lead, TCLP	0.1540	
01/19/10	01/19/10	7440-38-2	Arsenic, TCLP	0.0010	U
01/19/10	01/19/10	7440-39-3	Barium, TCLP	0.0017	
01/19/10	01/19/10	7440-43-9	Cadmium, TCLP	0.0001	U
01/19/10	01/19/10	7440-47-3	Chromium, TCLP	0.0002	U
01/19/10	01/19/10	7439-92-1	Lead, TCLP	0.0066	
01/19/10	01/19/10	7782-49-2	Selenium, TCLP	0.0008	U
01/19/10	01/19/10	7440-22-4	Silver, TCLP	0.0001	U
01/18/10	01/19/10	94-75-7	2,4-D	0.000002	UJ
01/18/10	01/19/10	94-82-6	2,4-DB	0.000002	UJ
01/18/10	01/19/10	93-76-5	2,4,5-T	0.000002	UJ
01/18/10	01/19/10	93-72-1	2,4,5-TP (Silvex)	0.000002	UJ
01/18/10	01/19/10	75-99-0	Dalapon	0.000002	UJ
01/18/10	01/19/10	1918-00-9	Dicamba	0.000002	Q
01/18/10	01/19/10	120-36-5	Dichloroprop	0.000002	Q
01/18/10	01/19/10	88-85-7	Dinoseb	0.000002	UJ
01/18/10	01/19/10	94-74-6	MCPA	0.00000102	UJ
01/18/10	01/19/10	93-65-2	MCPP	0.000002	UJ
01/18/10	01/19/10	87-86-5	Pentachlorophenol	0.000002	UJ
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.000002	*
01/18/10	01/19/10	93-76-5	2,4,5-T	0.000002	J
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.000002	*
01/18/10	01/19/10	94-75-7	2,4-D	0.000002	UJ
01/18/10	01/19/10	94-82-6	2,4-DB	0.000002	UJ

01/18/10	01/19/10	93-72-1	2,4,5-TP (Silvex)	0.000002	UJ
01/18/10	01/19/10	75-99-0	Dalapon	0.000002	UJ
01/18/10	01/19/10	1918-00-9	Dicamba	0.000002	Q
01/18/10	01/19/10	120-36-5	Dichloroprop	0.000002	Q
01/18/10	01/19/10	88-85-7	Dinoseb	0.000002	UJ
01/18/10	01/19/10	94-74-6	MCPA	0.00000155	UJ
01/18/10	01/19/10	93-65-2	MCP	0.000002	UJ
01/18/10	01/19/10	87-86-5	Pentachlorophenol	0.001	UJ
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.00142	*
01/18/10	01/19/10	94-75-7	2,4-D	0.0001	UJ
01/18/10	01/19/10	94-82-6	2,4-DB	0.0002	UJ
01/18/10	01/19/10	93-76-5	2,4,5-T	0.00054	UJ
01/18/10	01/19/10	93-72-1	2,4,5-TP (Silvex)	0.0008	UJ
01/18/10	01/19/10	75-99-0	Dalapon	0.0001	UJ
01/18/10	01/19/10	1918-00-9	Dicamba	0.001	Q
01/18/10	01/19/10	120-36-5	Dichloroprop	0.000792	Q
01/18/10	01/19/10	88-85-7	Dinoseb	0.0001	UJ
01/18/10	01/19/10	94-74-6	MCPA	0.0002	UJ
01/18/10	01/19/10	93-65-2	MCP	0.001	UJ
01/18/10	01/19/10	87-86-5	Pentachlorophenol	0.0008	UJ
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.0001	*
01/18/10	01/19/10	94-75-7	2,4-D	0.001	UJ
01/18/10	01/19/10	94-82-6	2,4-DB	0.0019	UJ
01/18/10	01/19/10	93-76-5	2,4,5-T	0.0001	UJ
01/18/10	01/19/10	93-72-1	2,4,5-TP (Silvex)	0.0002	UJ
01/18/10	01/19/10	75-99-0	Dalapon	0.0008	UJ
01/18/10	01/19/10	1918-00-9	Dicamba	0.0001	Q
01/18/10	01/19/10	120-36-5	Dichloroprop	0.00433	Q
01/18/10	01/19/10	88-85-7	Dinoseb	0.001	UJ
01/18/10	01/19/10	94-74-6	MCPA	0.000979	UJ
01/18/10	01/19/10	93-65-2	MCP	0.0001	UJ
01/18/10	01/19/10	87-86-5	Pentachlorophenol	0.0002	UJ
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.000273	*
01/18/10	01/19/10	93-76-5	2,4,5-T	0.0008	
01/18/10	01/19/10	87-86-5	Pentachlorophenol	0.0001	
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.001	
01/18/10	01/19/10	94-75-7	2,4-D	0.0012	U
01/18/10	01/19/10	94-82-6	2,4-DB	0.0001	U
01/18/10	01/19/10	93-72-1	2,4,5-TP (Silvex)	0.0002	U
01/18/10	01/19/10	75-99-0	Dalapon	0.000475	U
01/18/10	01/19/10	1918-00-9	Dicamba	0.0008	Q
01/18/10	01/19/10	120-36-5	Dichloroprop	0.0001	Q
01/18/10	01/19/10	88-85-7	Dinoseb	0.000002	UJ
01/18/10	01/19/10	94-74-6	MCPA	0.000002	U
01/18/10	01/19/10	93-65-2	MCP	0.001	U
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.000849	
01/18/10	01/19/10	93-76-5	2,4,5-T	0.0001	J
01/18/10	01/19/10	87-86-5	Pentachlorophenol	0.0002	J
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.001	*
01/18/10	01/19/10	94-75-7	2,4-D	0.0008	UJ
01/18/10	01/19/10	94-82-6	2,4-DB	0.0001	UJ
01/18/10	01/19/10	93-72-1	2,4,5-TP (Silvex)	0.001	UJ

01/18/10	01/19/10	75-99-0	Dalapon	0.000597	UJ
01/18/10	01/19/10	1918-00-9	Dicamba	0.0001	Q
01/18/10	01/19/10	120-36-5	Dichloroprop	0.0002	Q
01/18/10	01/19/10	88-85-7	Dinoseb	0.001	UJ
01/18/10	01/19/10	94-74-6	MCPA	0.0008	UJ
01/18/10	01/19/10	93-65-2	MCP	0.0001	UJ
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.0000207	*
01/18/10	01/19/10	94-75-7	2,4-D	0.0000206	UJ
01/18/10	01/19/10	94-82-6	2,4-DB	0.0000206	UJ
01/18/10	01/19/10	93-76-5	2,4,5-T	0.0000206	UJ
01/18/10	01/19/10	93-72-1	2,4,5-TP (Silvex)	0.0000206	UJ
01/18/10	01/19/10	75-99-0	Dalapon	0.0000206	UJ
01/18/10	01/19/10	1918-00-9	Dicamba	0.0000206	Q
01/18/10	01/19/10	120-36-5	Dichloroprop	0.0000206	Q
01/18/10	01/19/10	88-85-7	Dinoseb	0.0000206	UJ
01/18/10	01/19/10	94-74-6	MCPA	0.0000206	UJ
01/18/10	01/19/10	93-65-2	MCP	0.0000206	UJ
01/18/10	01/19/10	87-86-5	Pentachlorophenol	0.0000206	UJ
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.0000206	*
01/18/10	01/20/10	93-76-5	2,4,5-T	0.0000206	P
01/18/10	01/20/10	87-86-5	Pentachlorophenol	0.0000206	
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.0000202	*
01/18/10	01/20/10	94-75-7	2,4-D	0.0000202	U
01/18/10	01/20/10	94-82-6	2,4-DB	0.0000202	U
01/18/10	01/20/10	93-76-5	2,4,5-T	0.0000202	J
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	0.0000202	U
01/18/10	01/20/10	75-99-0	Dalapon	0.0000202	U
01/18/10	01/20/10	1918-00-9	Dicamba	0.0000202	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	0.000021	Q
01/18/10	01/20/10	88-85-7	Dinoseb	0.000021	U
01/18/10	01/20/10	94-74-6	MCPA	0.000021	U
01/18/10	01/20/10	93-65-2	MCP	0.000021	U
01/18/10	01/20/10	87-86-5	Pentachlorophenol	0.000021	
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.000021	
01/18/10	01/19/10	94-75-7	2,4-D	0.000021	U
01/18/10	01/19/10	94-82-6	2,4-DB	0.0000209	U
01/18/10	01/19/10	93-76-5	2,4,5-T	0.0000209	U
01/18/10	01/19/10	93-72-1	2,4,5-TP (Silvex)	0.0000209	U
01/18/10	01/19/10	75-99-0	Dalapon	0.0000209	U
01/18/10	01/19/10	1918-00-9	Dicamba	0.0000209	Q
01/18/10	01/19/10	120-36-5	Dichloroprop	0.0000209	Q
01/18/10	01/19/10	88-85-7	Dinoseb	0.0000209	UJ
01/18/10	01/19/10	94-74-6	MCPA	0.0000182	U
01/18/10	01/19/10	93-65-2	MCP	0.0000177	U
01/18/10	01/19/10	87-86-5	Pentachlorophenol	0.0000189	U
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.0000141	
01/18/10	01/19/10	93-76-5	2,4,5-T	0.0000175	Q
01/18/10	01/19/10	87-86-5	Pentachlorophenol	0.0000184	
01/18/10	01/19/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.000185	*
01/18/10	01/20/10	94-75-7	2,4-D	0.000152	U
01/18/10	01/20/10	94-82-6	2,4-DB	0.0000257	U
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	0.0000179	U

01/18/10	01/20/10	75-99-0	Dalapon	0.0000191	U
01/18/10	01/20/10	1918-00-9	Dicamba	0.0000538	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	0.0000157	Q
01/18/10	01/20/10	88-85-7	Dinoseb	0.0000677	U
01/18/10	01/20/10	94-74-6	MCPA	0.0000188	U
01/18/10	01/20/10	93-65-2	MCPP	0.0000197	U
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.000102	
01/18/10	01/20/10	93-76-5	2,4,5-T	0.0000223	P
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.0000183	DL
01/18/10	01/20/10	94-75-7	2,4-D	0.0000179	U
01/18/10	01/20/10	94-82-6	2,4-DB	0.000135	U
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	0.0002	U
01/18/10	01/20/10	75-99-0	Dalapon	0.0000125	U
01/18/10	01/20/10	1918-00-9	Dicamba	0.0000283	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	0.00011	Q
01/18/10	01/20/10	88-85-7	Dinoseb	0.000272	U
01/18/10	01/20/10	94-74-6	MCPA	0.0000273	U
01/18/10	01/20/10	93-65-2	MCPP	0.0000711	U
01/18/10	01/20/10	87-86-5	Pentachlorophenol	0.0000209	U
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.0000353	DL
01/18/10	01/20/10	93-76-5	2,4,5-T	0.0000187	Q
01/18/10	01/20/10	87-86-5	Pentachlorophenol	0.0000216	P
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.0000182	*
01/18/10	01/20/10	94-75-7	2,4-D	0.0000186	UJ
01/18/10	01/20/10	94-82-6	2,4-DB	0.0000184	UJ
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	0.0000188	UJ
01/18/10	01/20/10	75-99-0	Dalapon	0.0000177	UJ
01/18/10	01/20/10	1918-00-9	Dicamba	0.000022	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	0.0000186	Q
01/18/10	01/20/10	88-85-7	Dinoseb	0.0000177	UJ
01/18/10	01/20/10	94-74-6	MCPA	0.0000176	UJ
01/18/10	01/20/10	93-65-2	MCPP	0.0000226	UJ
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	0.0000172	*
01/18/10	01/20/10	93-76-5	2,4,5-T	0.0000184	P
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid		DL
01/18/10	01/20/10	94-75-7	2,4-D	473	U
01/18/10	01/20/10	94-82-6	2,4-DB	473	U
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	35.4	U
01/18/10	01/20/10	75-99-0	Dalapon	1180	U
01/18/10	01/20/10	1918-00-9	Dicamba	47.3	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	473	Q
01/18/10	01/20/10	88-85-7	Dinoseb	236	U
01/18/10	01/20/10	94-74-6	MCPA	47300	U
01/18/10	01/20/10	93-65-2	MCPP	47300	U
01/18/10	01/20/10	87-86-5	Pentachlorophenol	47.3	U
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid		DL
01/18/10	01/20/10	94-75-7	2,4-D	46.2	U
01/18/10	01/20/10	94-82-6	2,4-DB	46.2	U
01/18/10	01/20/10	93-76-5	2,4,5-T	4.62	U
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	3.47	U
01/18/10	01/20/10	75-99-0	Dalapon	116	U
01/18/10	01/20/10	1918-00-9	Dicamba	4.62	Q

01/18/10	01/20/10	120-36-5	Dichloroprop	46.2	Q
01/18/10	01/20/10	88-85-7	Dinoseb	23.1	U
01/18/10	01/20/10	94-74-6	MCPA	4620	U
01/18/10	01/20/10	93-65-2	MCPP	4620	U
01/18/10	01/20/10	87-86-5	Pentachlorophenol	4.62	U
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	42.9	
01/18/10	01/20/10	94-75-7	2,4-D	45	U
01/18/10	01/20/10	94-82-6	2,4-DB	45	U
01/18/10	01/20/10	93-76-5	2,4,5-T	4.5	U
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	3.37	U
01/18/10	01/20/10	75-99-0	Dalapon	112	U
01/18/10	01/20/10	1918-00-9	Dicamba	4.5	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	45	Q
01/18/10	01/20/10	88-85-7	Dinoseb	22.5	U
01/18/10	01/20/10	94-74-6	MCPA	4500	U
01/18/10	01/20/10	93-65-2	MCPP	4500	U
01/18/10	01/20/10	87-86-5	Pentachlorophenol	4.5	U
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	37.5	
01/18/10	01/20/10	93-76-5	2,4,5-T	22	P
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid		*
01/18/10	01/20/10	94-75-7	2,4-D	47.5	UJ
01/18/10	01/20/10	94-82-6	2,4-DB	47.5	UJ
01/18/10	01/20/10	93-76-5	2,4,5-T	3840	J
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	3.56	UJ
01/18/10	01/20/10	75-99-0	Dalapon	119	UJ
01/18/10	01/20/10	1918-00-9	Dicamba	4.75	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	47.5	Q
01/18/10	01/20/10	88-85-7	Dinoseb	23.8	UJ
01/18/10	01/20/10	94-74-6	MCPA	4750	UJ
01/18/10	01/20/10	93-65-2	MCPP	4750	UJ
01/18/10	01/20/10	87-86-5	Pentachlorophenol	4.75	UJ
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	22.8	*
01/18/10	01/20/10	94-75-7	2,4-D	45.9	U
01/18/10	01/20/10	94-82-6	2,4-DB	45.9	U
01/18/10	01/20/10	93-76-5	2,4,5-T	4.59	U
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	3.45	U
01/18/10	01/20/10	75-99-0	Dalapon	115	U
01/18/10	01/20/10	1918-00-9	Dicamba	4.59	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	45.9	Q
01/18/10	01/20/10	88-85-7	Dinoseb	23	U
01/18/10	01/20/10	94-74-6	MCPA	4590	U
01/18/10	01/20/10	93-65-2	MCPP	4590	U
01/18/10	01/20/10	87-86-5	Pentachlorophenol	4.59	U
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	53.6	
01/18/10	01/20/10	93-76-5	2,4,5-T	3.39	J
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	51.3	
01/18/10	01/20/10	94-75-7	2,4-D	49.6	U
01/18/10	01/20/10	94-82-6	2,4-DB	49.6	U
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	3.72	U
01/18/10	01/20/10	75-99-0	Dalapon	124	U
01/18/10	01/20/10	1918-00-9	Dicamba	4.96	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	49.6	Q

01/18/10	01/20/10	88-85-7	Dinoseb	24.8	U
01/18/10	01/20/10	94-74-6	MCPA	4960	U
01/18/10	01/20/10	93-65-2	MCPP	4960	U
01/18/10	01/20/10	87-86-5	Pentachlorophenol	4.96	U
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid	80.8	
01/18/10	01/20/10	93-76-5	2,4,5-T	64.5	P
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid		DL
01/18/10	01/20/10	94-75-7	2,4-D	241	U
01/18/10	01/20/10	94-82-6	2,4-DB	241	U
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	18.1	U
01/18/10	01/20/10	75-99-0	Dalapon	602	U
01/18/10	01/20/10	1918-00-9	Dicamba	24.1	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	241	Q
01/18/10	01/20/10	88-85-7	Dinoseb	120	U
01/18/10	01/20/10	94-74-6	MCPA	24100	U
01/18/10	01/20/10	93-65-2	MCPP	24100	U
01/18/10	01/20/10	87-86-5	Pentachlorophenol	25.4	
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid		DL
01/18/10	01/20/10	93-76-5	2,4,5-T	55	P
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid		DL
01/18/10	01/20/10	94-75-7	2,4-D	215	U
01/18/10	01/20/10	94-82-6	2,4-DB	215	U
01/18/10	01/20/10	93-72-1	2,4,5-TP (Silvex)	16.1	U
01/18/10	01/20/10	75-99-0	Dalapon	537	U
01/18/10	01/20/10	1918-00-9	Dicamba	21.5	Q
01/18/10	01/20/10	120-36-5	Dichloroprop	215	Q
01/18/10	01/20/10	88-85-7	Dinoseb	107	U
01/18/10	01/20/10	94-74-6	MCPA	21500	U
01/18/10	01/20/10	93-65-2	MCPP	21500	U
01/18/10	01/20/10	87-86-5	Pentachlorophenol	21.5	U
01/18/10	01/20/10	19719-28-9	2,4-Dichlorophenylacetic acid		DL
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.00102	J
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/19/10	7439-97-6	Mercury	0.002	U
01/19/10	01/20/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/20/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/20/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U

01/19/10	01/20/10	121-14-2	2,4-Dinitrotoluene	0.25	U
01/19/10	01/20/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/20/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/20/10	2691-41-0	HMX	0.25	U
01/19/10	01/20/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/20/10	121-82-4	RDX	0.25	U
01/19/10	01/20/10	479-45-8	Tetryl	0.25	U
01/19/10	01/20/10	55-63-0	Nitroglycerin	0.25	U
01/19/10	01/20/10	528-29-0	1,2-Dinitrobenzene	113	
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/20/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/20/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/20/10	118-96-7	2,4,6-Trinitrotoluene	1.18	
01/19/10	01/20/10	121-14-2	2,4-Dinitrotoluene	0.25	U
01/19/10	01/20/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.221	J
01/19/10	01/20/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.126	J
01/19/10	01/20/10	2691-41-0	HMX	0.25	U
01/19/10	01/20/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/20/10	121-82-4	RDX	0.25	U
01/19/10	01/20/10	479-45-8	Tetryl	0.25	U
01/19/10	01/20/10	55-63-0	Nitroglycerin	0.25	U
01/19/10	01/20/10	528-29-0	1,2-Dinitrobenzene	111	
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/20/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/20/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/20/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
01/19/10	01/20/10	121-14-2	2,4-Dinitrotoluene	0.25	U
01/19/10	01/20/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/20/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/20/10	2691-41-0	HMX	0.25	U
01/19/10	01/20/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/20/10	121-82-4	RDX	0.25	U
01/19/10	01/20/10	479-45-8	Tetryl	0.25	U
01/19/10	01/20/10	55-63-0	Nitroglycerin	0.25	U
01/19/10	01/20/10	528-29-0	1,2-Dinitrobenzene	105	
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/20/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/20/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/20/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
01/19/10	01/20/10	121-14-2	2,4-Dinitrotoluene	0.25	U

01/19/10	01/20/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/20/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/20/10	2691-41-0	HMX	0.25	U
01/19/10	01/20/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/20/10	121-82-4	RDX	0.25	U
01/19/10	01/20/10	479-45-8	Tetryl	0.25	U
01/19/10	01/20/10	55-63-0	Nitroglycerin	0.25	U
01/19/10	01/20/10	528-29-0	1,2-Dinitrobenzene	106	
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/20/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/20/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/20/10	118-96-7	2,4,6-Trinitrotoluene	0.295	
01/19/10	01/20/10	121-14-2	2,4-Dinitrotoluene	0.843	
01/19/10	01/20/10	606-20-2	2,6-Dinitrotoluene	0.19	J
01/19/10	01/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.157	J
01/19/10	01/20/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.136	J
01/19/10	01/20/10	2691-41-0	HMX	0.381	
01/19/10	01/20/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/20/10	121-82-4	RDX	0.25	U
01/19/10	01/20/10	479-45-8	Tetryl	0.25	U
01/19/10	01/20/10	528-29-0	1,2-Dinitrobenzene	110	
01/19/10	01/21/10	55-63-0	Nitroglycerin	11.8	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/20/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/20/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/20/10	118-96-7	2,4,6-Trinitrotoluene	4.83	
01/19/10	01/20/10	121-14-2	2,4-Dinitrotoluene	0.629	
01/19/10	01/20/10	606-20-2	2,6-Dinitrotoluene	0.39	
01/19/10	01/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.564	
01/19/10	01/20/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.758	
01/19/10	01/20/10	2691-41-0	HMX	0.158	J
01/19/10	01/20/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/20/10	121-82-4	RDX	0.25	U
01/19/10	01/20/10	479-45-8	Tetryl	0.25	U
01/19/10	01/20/10	528-29-0	1,2-Dinitrobenzene	120	
01/19/10	01/21/10	55-63-0	Nitroglycerin	12.6	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/20/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/20/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/20/10	118-96-7	2,4,6-Trinitrotoluene	0.617	

01/19/10	01/20/10	121-14-2	2,4-Dinitrotoluene	0.25	U
01/19/10	01/20/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/20/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/20/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/20/10	2691-41-0	HMX	0.25	U
01/19/10	01/20/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/20/10	121-82-4	RDX	0.25	U
01/19/10	01/20/10	479-45-8	Tetryl	0.25	U
01/19/10	01/20/10	55-63-0	Nitroglycerin	0.25	U
01/19/10	01/20/10	528-29-0	1,2-Dinitrobenzene	97	
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.269	
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	105	
01/19/10	01/21/10	55-63-0	Nitroglycerin	10.5	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/26/10	118-96-7	2,4,6-Trinitrotoluene	1.77	J
01/19/10	01/26/10	121-14-2	2,4-Dinitrotoluene	2.43	J
01/19/10	01/26/10	606-20-2	2,6-Dinitrotoluene	0.317	J
01/19/10	01/26/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.26	J
01/19/10	01/26/10	2691-41-0	HMX	1.78	J
01/19/10	01/26/10	528-29-0	1,2-Dinitrobenzene	183	*
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	0.677	
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	0.25	U
01/19/10	01/21/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	2691-41-0	HMX	0.18	J
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	55-63-0	Nitroglycerin	1.96	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	107	
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U

01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	5.61	
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.87	
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	4.05	
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	104	
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	12.1	
01/19/10	01/21/10	2691-41-0	HMX	92.2	
01/19/10	01/21/10	55-63-0	Nitroglycerin	34.7	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/26/10	606-20-2	2,6-Dinitrotoluene	0.932	J
01/19/10	01/26/10	528-29-0	1,2-Dinitrobenzene	175	*
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	3.8	
01/19/10	01/21/10	606-20-2	2,6-Dinitrotoluene	1.11	
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	4	
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	5.18	
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	94.9	
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	380	
01/19/10	01/21/10	2691-41-0	HMX	105	
01/19/10	01/21/10	55-63-0	Nitroglycerin	54.5	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	0.57	
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	0.113	J
01/19/10	01/21/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	2691-41-0	HMX	0.25	U
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	55-63-0	Nitroglycerin	0.25	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	116	
01/19/10	01/22/10	78-11-5	PETN	0.25	U

01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	1.63	
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	0.159	J
01/19/10	01/21/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	2691-41-0	HMX	0.324	
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	55-63-0	Nitroglycerin	4.63	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	107	
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	0.878	
01/19/10	01/21/10	606-20-2	2,6-Dinitrotoluene	0.205	J
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.823	
01/19/10	01/21/10	2691-41-0	HMX	1.22	
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.158	J
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	110	
01/19/10	01/21/10	55-63-0	Nitroglycerin	10.6	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/26/10	118-96-7	2,4,6-Trinitrotoluene	5.64	J
01/19/10	01/26/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.37	J
01/19/10	01/26/10	99-08-1	3-Nitrotoluene	2.31	J
01/19/10	01/26/10	528-29-0	1,2-Dinitrobenzene	169	*
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	0.339	
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	0.25	U
01/19/10	01/21/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	2691-41-0	HMX	0.316	
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	55-63-0	Nitroglycerin	6.51	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	101	

01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	2.19	
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	0.248	J
01/19/10	01/21/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	2691-41-0	HMX	0.192	J
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	55-63-0	Nitroglycerin	2.01	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	116	
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	4.97	
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	6.28	
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.929	
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	119	
01/19/10	01/21/10	55-63-0	Nitroglycerin	12.6	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/26/10	606-20-2	2,6-Dinitrotoluene	0.863	J
01/19/10	01/26/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.987	J
01/19/10	01/26/10	2691-41-0	HMX	3.48	J
01/19/10	01/26/10	528-29-0	1,2-Dinitrobenzene	186	*
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	4.98	
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	0.944	
01/19/10	01/21/10	606-20-2	2,6-Dinitrotoluene	0.28	
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.674	
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.795	
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	105	
01/19/10	01/21/10	55-63-0	Nitroglycerin	23.7	

01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/21/10	2691-41-0	HMX	180	
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	116	
01/19/10	01/21/10	55-63-0	Nitroglycerin	26.5	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene		DL
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/19/10	01/26/10	118-96-7	2,4,6-Trinitrotoluene	0.536	J
01/19/10	01/26/10	121-14-2	2,4-Dinitrotoluene	3.1	J
01/19/10	01/26/10	606-20-2	2,6-Dinitrotoluene	0.309	J
01/19/10	01/26/10	2691-41-0	HMX	4.19	J
01/19/10	01/26/10	528-29-0	1,2-Dinitrobenzene	163	*
01/19/10	01/21/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
01/19/10	01/21/10	99-65-0	1,3-Dinitrobenzene	0.25	U
01/19/10	01/21/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
01/19/10	01/21/10	121-14-2	2,4-Dinitrotoluene	0.25	U
01/19/10	01/21/10	606-20-2	2,6-Dinitrotoluene	0.25	U
01/19/10	01/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	88-72-2	2-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-08-1	3-Nitrotoluene	0.25	U
01/19/10	01/21/10	99-99-0	4-Nitrotoluene	0.25	U
01/19/10	01/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
01/19/10	01/21/10	2691-41-0	HMX	0.25	U
01/19/10	01/21/10	98-95-3	Nitrobenzene	0.25	U
01/19/10	01/21/10	121-82-4	RDX	0.25	U
01/19/10	01/21/10	479-45-8	Tetryl	0.25	U
01/19/10	01/21/10	55-63-0	Nitroglycerin	0.25	U
01/19/10	01/21/10	528-29-0	1,2-Dinitrobenzene	116	
01/19/10	01/22/10	78-11-5	PETN	0.25	U
01/22/10	01/22/10	IGNIT	Ignitability	70	>
01/22/10	01/22/10	IGNIT	Ignitability	71	>
01/22/10	01/22/10	IGNIT	Ignitability	68	>
01/22/10	01/22/10	IGNIT	Ignitability	70	>
01/22/10	01/22/10	IGNIT	Ignitability	72	>
02/01/10	02/01/10	PH	Corrosivity pH	7.95	
02/01/10	02/01/10	PH	Corrosivity pH	7.23	
02/01/10	02/01/10	PH	Corrosivity pH	7.43	
02/01/10	02/01/10	PH	Corrosivity pH	7.50	
02/01/10	02/01/10	PH	Corrosivity pH	7.63	
02/01/10	02/01/10	57-12-5	Reactivity, Cyanide	49.9	U
02/01/10	02/01/10	57-12-5	Reactivity, Cyanide	49.8	U
02/01/10	02/01/10	57-12-5	Reactivity, Cyanide	51.0	U
02/01/10	02/01/10	57-12-5	Reactivity, Cyanide	50.0	U

02/01/10	02/01/10	57-12-5	Reactivity, Cyanide	50.4	U
02/01/10	02/01/10	18496-25-8	Reactivity, Sulfide	100	U
02/01/10	02/01/10	18496-25-8	Reactivity, Sulfide	100	U
02/01/10	02/01/10	18496-25-8	Reactivity, Sulfide	100	U
02/01/10	02/01/10	18496-25-8	Reactivity, Sulfide	100	U
02/01/10	02/01/10	18496-25-8	Reactivity, Sulfide	100	U
02/01/10	02/03/10	99-35-4	1,3,5-Trinitrobenzene	0.250	UJ
02/01/10	02/03/10	99-65-0	1,3-Dinitrobenzene	0.250	UJ
02/01/10	02/03/10	118-96-7	2,4,6-Trinitrotoluene	0.312	J
02/01/10	02/03/10	121-14-2	2,4-Dinitrotoluene	0.559	J
02/01/10	02/03/10	606-20-2	2,6-Dinitrotoluene	0.224	J
02/01/10	02/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.400	J
02/01/10	02/03/10	88-72-2	2-Nitrotoluene	0.250	UJ
02/01/10	02/03/10	99-08-1	3-Nitrotoluene	0.250	UJ
02/01/10	02/03/10	99-99-0	4-Nitrotoluene	0.250	UJ
02/01/10	02/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.342	J
02/01/10	02/03/10	2691-41-0	HMX	99.5	J
02/01/10	02/03/10	98-95-3	Nitrobenzene	0.250	UJ
02/01/10	02/03/10	121-82-4	RDX	0.250	UJ
02/01/10	02/03/10	479-45-8	Tetryl	0.250	UJ
02/01/10	02/03/10	55-63-0	Nitroglycerin	12.5	J
02/01/10	02/03/10	99-35-4	1,3,5-Trinitrobenzene	4.99	U
02/01/10	02/03/10	99-65-0	1,3-Dinitrobenzene	4.99	U
02/01/10	02/03/10	118-96-7	2,4,6-Trinitrotoluene	4.99	U
02/01/10	02/03/10	121-14-2	2,4-Dinitrotoluene	4.99	U
02/01/10	02/03/10	606-20-2	2,6-Dinitrotoluene	4.99	U
02/01/10	02/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	4.99	U
02/01/10	02/03/10	88-72-2	2-Nitrotoluene	4.99	U
02/01/10	02/03/10	99-08-1	3-Nitrotoluene	4.99	U
02/01/10	02/03/10	99-99-0	4-Nitrotoluene	4.99	U
02/01/10	02/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	4.99	U
02/01/10	02/03/10	2691-41-0	HMX	102	
02/01/10	02/03/10	98-95-3	Nitrobenzene	4.99	U
02/01/10	02/03/10	121-82-4	RDX	4.99	U
02/01/10	02/03/10	479-45-8	Tetryl	4.99	U
02/01/10	02/03/10	55-63-0	Nitroglycerin	12.1	
02/01/10	02/04/10	99-35-4	1,3,5-Trinitrobenzene	0.250	U
02/01/10	02/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
02/01/10	02/04/10	118-96-7	2,4,6-Trinitrotoluene	0.354	
02/01/10	02/04/10	121-14-2	2,4-Dinitrotoluene	0.567	
02/01/10	02/04/10	606-20-2	2,6-Dinitrotoluene	0.224	J
02/01/10	02/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.378	
02/01/10	02/04/10	88-72-2	2-Nitrotoluene	0.250	U
02/01/10	02/04/10	99-08-1	3-Nitrotoluene	0.250	U
02/01/10	02/04/10	99-99-0	4-Nitrotoluene	0.250	U
02/01/10	02/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.354	
02/01/10	02/04/10	2691-41-0	HMX	106	J
02/01/10	02/04/10	98-95-3	Nitrobenzene	0.250	U
02/01/10	02/04/10	121-82-4	RDX	0.250	U
02/01/10	02/04/10	479-45-8	Tetryl	0.250	U
02/01/10	02/04/10	99-35-4	1,3,5-Trinitrobenzene	4.99	UJ
02/01/10	02/04/10	99-65-0	1,3-Dinitrobenzene	4.99	UJ

02/01/10	02/04/10	118-96-7	2,4,6-Trinitrotoluene	4.99	UJ
02/01/10	02/04/10	121-14-2	2,4-Dinitrotoluene	4.99	UJ
02/01/10	02/04/10	606-20-2	2,6-Dinitrotoluene	4.99	UJ
02/01/10	02/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	4.99	UJ
02/01/10	02/04/10	88-72-2	2-Nitrotoluene	4.99	UJ
02/01/10	02/04/10	99-08-1	3-Nitrotoluene	4.99	U
02/01/10	02/04/10	99-99-0	4-Nitrotoluene	4.99	UJ
02/01/10	02/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	4.99	UJ
02/01/10	02/04/10	2691-41-0	HMX	109	J
02/01/10	02/04/10	98-95-3	Nitrobenzene	4.99	UJ
02/01/10	02/04/10	121-82-4	RDX	4.99	UJ
02/01/10	02/04/10	479-45-8	Tetryl	4.99	UJ
02/01/10	02/05/10	78-11-5	PETN	37.3	J
02/01/10	02/08/10	78-11-5	PETN	36.5	
02/01/10	02/03/10	99-35-4	1,3,5-Trinitrobenzene	0.246	U
02/01/10	02/03/10	99-65-0	1,3-Dinitrobenzene	0.246	U
02/01/10	02/03/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
02/01/10	02/03/10	121-14-2	2,4-Dinitrotoluene	0.246	U
02/01/10	02/03/10	606-20-2	2,6-Dinitrotoluene	0.246	U
02/01/10	02/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
02/01/10	02/03/10	88-72-2	2-Nitrotoluene	0.246	U
02/01/10	02/03/10	99-08-1	3-Nitrotoluene	0.246	U
02/01/10	02/03/10	99-99-0	4-Nitrotoluene	0.246	U
02/01/10	02/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
02/01/10	02/03/10	2691-41-0	HMX	0.107	J
02/01/10	02/03/10	98-95-3	Nitrobenzene	0.246	U
02/01/10	02/03/10	121-82-4	RDX	0.246	U
02/01/10	02/03/10	479-45-8	Tetryl	0.246	U
02/01/10	02/03/10	55-63-0	Nitroglycerin	0.246	U
02/01/10	02/04/10	99-35-4	1,3,5-Trinitrobenzene	0.246	U
02/01/10	02/04/10	99-65-0	1,3-Dinitrobenzene	0.246	U
02/01/10	02/04/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
02/01/10	02/04/10	121-14-2	2,4-Dinitrotoluene	0.246	U
02/01/10	02/04/10	606-20-2	2,6-Dinitrotoluene	0.246	U
02/01/10	02/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
02/01/10	02/04/10	88-72-2	2-Nitrotoluene	0.246	U
02/01/10	02/04/10	99-08-1	3-Nitrotoluene	0.246	U
02/01/10	02/04/10	99-99-0	4-Nitrotoluene	0.246	U
02/01/10	02/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
02/01/10	02/04/10	2691-41-0	HMX	0.107	J
02/01/10	02/04/10	98-95-3	Nitrobenzene	0.246	U
02/01/10	02/04/10	121-82-4	RDX	0.246	U
02/01/10	02/04/10	479-45-8	Tetryl	0.246	U
02/01/10	02/05/10	78-11-5	PETN	0.246	U
02/01/10	02/03/10	99-35-4	1,3,5-Trinitrobenzene	0.117	J
02/01/10	02/03/10	99-65-0	1,3-Dinitrobenzene	0.248	U
02/01/10	02/03/10	118-96-7	2,4,6-Trinitrotoluene	4.17	
02/01/10	02/03/10	121-14-2	2,4-Dinitrotoluene	1.14	
02/01/10	02/03/10	606-20-2	2,6-Dinitrotoluene	0.514	
02/01/10	02/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.08	
02/01/10	02/03/10	88-72-2	2-Nitrotoluene	0.242	J
02/01/10	02/03/10	99-08-1	3-Nitrotoluene	0.248	U

02/01/10	02/03/10	99-99-0	4-Nitrotoluene	0.302	
02/01/10	02/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.07	
02/01/10	02/03/10	2691-41-0	HMX	1.72	
02/01/10	02/03/10	98-95-3	Nitrobenzene	0.248	U
02/01/10	02/03/10	121-82-4	RDX	0.248	U
02/01/10	02/03/10	479-45-8	Tetryl	0.248	U
02/01/10	02/03/10	55-63-0	Nitroglycerin	3.15	
02/01/10	02/04/10	99-35-4	1,3,5-Trinitrobenzene	0.125	J
02/01/10	02/04/10	99-65-0	1,3-Dinitrobenzene	0.248	UJ
02/01/10	02/04/10	118-96-7	2,4,6-Trinitrotoluene	4.66	J
02/01/10	02/04/10	121-14-2	2,4-Dinitrotoluene	1.24	J
02/01/10	02/04/10	606-20-2	2,6-Dinitrotoluene	0.552	J
02/01/10	02/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.06	J
02/01/10	02/04/10	88-72-2	2-Nitrotoluene	0.172	J
02/01/10	02/04/10	99-08-1	3-Nitrotoluene	0.248	U
02/01/10	02/04/10	99-99-0	4-Nitrotoluene	0.248	UJ
02/01/10	02/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.990	J
02/01/10	02/04/10	2691-41-0	HMX	1.72	J
02/01/10	02/04/10	98-95-3	Nitrobenzene	0.248	UJ
02/01/10	02/04/10	121-82-4	RDX	0.248	UJ
02/01/10	02/04/10	479-45-8	Tetryl	0.248	UJ
02/01/10	02/05/10	78-11-5	PETN	4.26	
02/01/10	02/03/10	99-35-4	1,3,5-Trinitrobenzene	0.250	U
02/01/10	02/03/10	99-65-0	1,3-Dinitrobenzene	0.250	U
02/01/10	02/03/10	118-96-7	2,4,6-Trinitrotoluene	1.04	
02/01/10	02/03/10	121-14-2	2,4-Dinitrotoluene	0.250	U
02/01/10	02/03/10	606-20-2	2,6-Dinitrotoluene	0.250	U
02/01/10	02/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
02/01/10	02/03/10	88-72-2	2-Nitrotoluene	0.250	U
02/01/10	02/03/10	99-08-1	3-Nitrotoluene	0.250	U
02/01/10	02/03/10	99-99-0	4-Nitrotoluene	0.250	U
02/01/10	02/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
02/01/10	02/03/10	2691-41-0	HMX	0.250	U
02/01/10	02/03/10	98-95-3	Nitrobenzene	0.250	U
02/01/10	02/03/10	121-82-4	RDX	0.250	U
02/01/10	02/03/10	479-45-8	Tetryl	0.250	U
02/01/10	02/03/10	55-63-0	Nitroglycerin	0.958	
02/01/10	02/04/10	99-35-4	1,3,5-Trinitrobenzene	0.250	UJ
02/01/10	02/04/10	99-65-0	1,3-Dinitrobenzene	0.250	UJ
02/01/10	02/04/10	118-96-7	2,4,6-Trinitrotoluene	1.20	J
02/01/10	02/04/10	121-14-2	2,4-Dinitrotoluene	0.250	UJ
02/01/10	02/04/10	606-20-2	2,6-Dinitrotoluene	0.250	UJ
02/01/10	02/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	UJ
02/01/10	02/04/10	88-72-2	2-Nitrotoluene	0.250	UJ
02/01/10	02/04/10	99-08-1	3-Nitrotoluene	0.250	U
02/01/10	02/04/10	99-99-0	4-Nitrotoluene	0.250	UJ
02/01/10	02/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	UJ
02/01/10	02/04/10	2691-41-0	HMX	0.250	UJ
02/01/10	02/04/10	98-95-3	Nitrobenzene	0.250	UJ
02/01/10	02/04/10	121-82-4	RDX	0.250	UJ
02/01/10	02/04/10	479-45-8	Tetryl	0.250	UJ
02/01/10	02/05/10	78-11-5	PETN	5.39	

02/01/10	02/03/10	99-35-4	1,3,5-Trinitrobenzene	0.247	U
02/01/10	02/03/10	99-65-0	1,3-Dinitrobenzene	0.247	U
02/01/10	02/03/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
02/01/10	02/03/10	121-14-2	2,4-Dinitrotoluene	0.189	J
02/01/10	02/03/10	606-20-2	2,6-Dinitrotoluene	0.247	U
02/01/10	02/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
02/01/10	02/03/10	88-72-2	2-Nitrotoluene	0.247	U
02/01/10	02/03/10	99-08-1	3-Nitrotoluene	0.247	U
02/01/10	02/03/10	99-99-0	4-Nitrotoluene	0.247	U
02/01/10	02/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
02/01/10	02/03/10	2691-41-0	HMX	0.251	
02/01/10	02/03/10	98-95-3	Nitrobenzene	0.247	U
02/01/10	02/03/10	121-82-4	RDX	0.247	U
02/01/10	02/03/10	479-45-8	Tetryl	0.247	U
02/01/10	02/03/10	55-63-0	Nitroglycerin	0.696	
02/01/10	02/04/10	99-35-4	1,3,5-Trinitrobenzene	0.247	U
02/01/10	02/04/10	99-65-0	1,3-Dinitrobenzene	0.247	U
02/01/10	02/04/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
02/01/10	02/04/10	121-14-2	2,4-Dinitrotoluene	0.208	J
02/01/10	02/04/10	606-20-2	2,6-Dinitrotoluene	0.247	U
02/01/10	02/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
02/01/10	02/04/10	88-72-2	2-Nitrotoluene	0.247	U
02/01/10	02/04/10	99-08-1	3-Nitrotoluene	0.247	U
02/01/10	02/04/10	99-99-0	4-Nitrotoluene	0.247	U
02/01/10	02/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
02/01/10	02/04/10	2691-41-0	HMX	0.272	
02/01/10	02/04/10	98-95-3	Nitrobenzene	0.247	U
02/01/10	02/04/10	121-82-4	RDX	0.247	U
02/01/10	02/04/10	479-45-8	Tetryl	0.247	U
02/01/10	02/05/10	78-11-5	PETN	2.54	
02/02/10	02/02/10	7439-97-6	Mercury	0.00200	U
02/02/10	02/02/10	7439-97-6	Mercury	0.00200	U
02/02/10	02/02/10	7439-97-6	Mercury	0.00200	U
02/02/10	02/02/10	7439-97-6	Mercury	0.00155	J
02/02/10	02/02/10	7439-97-6	Mercury	0.00200	U
02/02/10	02/02/10	Ignit	Ignitability	71	>
02/02/10	02/02/10	Ignit	Ignitability	70	>
02/02/10	02/02/10	Ignit	Ignitability	72	>
02/02/10	02/02/10	Ignit	Ignitability	70	>
02/02/10	02/02/10	Ignit	Ignitability	70	>
02/02/10	02/02/10	7440-38-2	Arsenic, TCLP	1.00	U
02/02/10	02/02/10	7440-39-3	Barium, TCLP	1.42	
02/02/10	02/02/10	7440-43-9	Cadmium, TCLP	0.100	U
02/02/10	02/02/10	7440-47-3	Chromium, TCLP	0.200	U
02/02/10	02/02/10	7439-92-1	Lead, TCLP	0.540	J
02/02/10	02/02/10	7782-49-2	Selenium, TCLP	0.800	U
02/02/10	02/02/10	7440-22-4	Silver, TCLP	0.100	U
02/02/10	02/02/10	7440-38-2	Arsenic, TCLP	1.00	U
02/02/10	02/02/10	7440-39-3	Barium, TCLP	0.792	
02/02/10	02/02/10	7440-43-9	Cadmium, TCLP	0.100	U
02/02/10	02/02/10	7440-47-3	Chromium, TCLP	0.200	U
02/02/10	02/02/10	7439-92-1	Lead, TCLP	1.00	U

02/02/10	02/02/10	7782-49-2	Selenium, TCLP	0.800	U
02/02/10	02/02/10	7440-22-4	Silver, TCLP	0.100	U
02/02/10	02/02/10	7440-38-2	Arsenic, TCLP	1.00	U
02/02/10	02/02/10	7440-39-3	Barium, TCLP	1.90	
02/02/10	02/02/10	7440-43-9	Cadmium, TCLP	0.100	U
02/02/10	02/02/10	7440-47-3	Chromium, TCLP	0.200	U
02/02/10	02/02/10	7782-49-2	Selenium, TCLP	0.800	U
02/02/10	02/02/10	7440-22-4	Silver, TCLP	0.100	U
02/02/10	02/03/10	7439-92-1	Lead, TCLP	4.33	
02/02/10	02/02/10	7440-38-2	Arsenic, TCLP	1.00	U
02/02/10	02/02/10	7440-39-3	Barium, TCLP	0.979	
02/02/10	02/02/10	7440-43-9	Cadmium, TCLP	0.100	U
02/02/10	02/02/10	7440-47-3	Chromium, TCLP	0.200	U
02/02/10	02/02/10	7439-92-1	Lead, TCLP	0.273	J
02/02/10	02/02/10	7782-49-2	Selenium, TCLP	0.800	U
02/02/10	02/02/10	7440-22-4	Silver, TCLP	0.100	U
02/02/10	02/02/10	7440-38-2	Arsenic, TCLP	1.00	U
02/02/10	02/02/10	7440-39-3	Barium, TCLP	1.20	
02/02/10	02/02/10	7440-43-9	Cadmium, TCLP	0.100	U
02/02/10	02/02/10	7440-47-3	Chromium, TCLP	0.200	U
02/02/10	02/02/10	7439-92-1	Lead, TCLP	0.475	J
02/02/10	02/02/10	7782-49-2	Selenium, TCLP	0.800	U
02/02/10	02/02/10	7440-22-4	Silver, TCLP	0.100	U
02/02/10	02/03/10	121-14-2	2,4-Dinitrotoluene	50	U
02/02/10	02/03/10	121-14-2	2,4-Dinitrotoluene	50	U
02/02/10	02/03/10	319-84-6	alpha-BHC	1.84	UJ
02/02/10	02/03/10	319-85-7	beta-BHC	1.84	UJ
02/02/10	02/03/10	319-86-8	delta-BHC	1.84	UJ
02/02/10	02/03/10	58-89-9	gamma-BHC (Lindane)	1.84	UJ
02/02/10	02/03/10	76-44-8	Heptachlor	1.84	UJ
02/02/10	02/03/10	309-00-2	Aldrin	1.84	UJ
02/02/10	02/03/10	1024-57-3	Heptachlor epoxide	1.84	UJ
02/02/10	02/03/10	959-98-8	Endosulfan I	1.84	UJ
02/02/10	02/03/10	60-57-1	Dieldrin	1.84	UJ
02/02/10	02/03/10	72-55-9	4,4'-DDE	1.84	UJ
02/02/10	02/03/10	72-20-8	Endrin	1.84	UJ
02/02/10	02/03/10	33213-65-9	Endosulfan II	1.84	UJ
02/02/10	02/03/10	72-54-8	4,4'-DDD	1.84	UJ
02/02/10	02/03/10	1031-07-8	Endosulfan sulfate	1.84	UJ
02/02/10	02/03/10	50-29-3	4,4'-DDT	1.84	UJ
02/02/10	02/03/10	72-43-5	Methoxychlor	1.84	UJ
02/02/10	02/03/10	53494-70-5	Endrin ketone	1.84	UJ
02/02/10	02/03/10	7421-93-4	Endrin aldehyde	1.84	UJ
02/02/10	02/03/10	5103-71-9	alpha Chlordane	1.84	UJ
02/02/10	02/03/10	5103-74-2	gamma Chlordane	1.84	UJ
02/02/10	02/03/10	8001-35-2	Toxaphene	36.8	UJ
02/02/10	02/03/10	319-84-6	alpha-BHC	1.97	UJ
02/02/10	02/03/10	319-85-7	beta-BHC	1.97	UJ
02/02/10	02/03/10	319-86-8	delta-BHC	1.97	UJ
02/02/10	02/03/10	58-89-9	gamma-BHC (Lindane)	1.97	UJ
02/02/10	02/03/10	76-44-8	Heptachlor	1.97	UJ
02/02/10	02/03/10	309-00-2	Aldrin	1.97	UJ

02/02/10	02/03/10	1024-57-3	Heptachlor epoxide	1.97	UJ
02/02/10	02/03/10	959-98-8	Endosulfan I	1.97	UJ
02/02/10	02/03/10	60-57-1	Dieldrin	1.97	UJ
02/02/10	02/03/10	72-55-9	4,4'-DDE	1.97	UJ
02/02/10	02/03/10	72-20-8	Endrin	1.97	UJ
02/02/10	02/03/10	33213-65-9	Endosulfan II	1.97	UJ
02/02/10	02/03/10	72-54-8	4,4'-DDD	1.97	UJ
02/02/10	02/03/10	1031-07-8	Endosulfan sulfate	1.97	UJ
02/02/10	02/03/10	50-29-3	4,4'-DDT	1.97	UJ
02/02/10	02/03/10	72-43-5	Methoxychlor	1.97	UJ
02/02/10	02/03/10	53494-70-5	Endrin ketone	1.97	UJ
02/02/10	02/03/10	7421-93-4	Endrin aldehyde	1.97	UJ
02/02/10	02/03/10	5103-71-9	alpha Chlordane	1.97	UJ
02/02/10	02/03/10	5103-74-2	gamma Chlordane	1.97	UJ
02/02/10	02/03/10	8001-35-2	Toxaphene	39.5	UJ
02/02/10	02/03/10	319-84-6	alpha-BHC	1.88	UJ
02/02/10	02/03/10	319-85-7	beta-BHC	1.88	UJ
02/02/10	02/03/10	319-86-8	delta-BHC	1.88	UJ
02/02/10	02/03/10	58-89-9	gamma-BHC (Lindane)	1.88	UJ
02/02/10	02/03/10	76-44-8	Heptachlor	1.88	UJ
02/02/10	02/03/10	309-00-2	Aldrin	1.88	UJ
02/02/10	02/03/10	1024-57-3	Heptachlor epoxide	1.88	UJ
02/02/10	02/03/10	959-98-8	Endosulfan I	1.88	UJ
02/02/10	02/03/10	60-57-1	Dieldrin	1.88	UJ
02/02/10	02/03/10	72-55-9	4,4'-DDE	1.88	UJ
02/02/10	02/03/10	72-20-8	Endrin	1.88	UJ
02/02/10	02/03/10	33213-65-9	Endosulfan II	1.88	UJ
02/02/10	02/03/10	72-54-8	4,4'-DDD	1.88	UJ
02/02/10	02/03/10	1031-07-8	Endosulfan sulfate	1.88	UJ
02/02/10	02/03/10	50-29-3	4,4'-DDT	1.88	UJ
02/02/10	02/03/10	72-43-5	Methoxychlor	1.88	UJ
02/02/10	02/03/10	53494-70-5	Endrin ketone	1.88	UJ
02/02/10	02/03/10	7421-93-4	Endrin aldehyde	1.88	UJ
02/02/10	02/03/10	5103-71-9	alpha Chlordane	1.88	UJ
02/02/10	02/03/10	5103-74-2	gamma Chlordane	1.88	UJ
02/02/10	02/03/10	8001-35-2	Toxaphene	37.7	UJ
02/02/10	02/03/10	319-84-6	alpha-BHC	1.99	UJ
02/02/10	02/03/10	319-85-7	beta-BHC	1.99	UJ
02/02/10	02/03/10	319-86-8	delta-BHC	1.99	UJ
02/02/10	02/03/10	58-89-9	gamma-BHC (Lindane)	1.99	UJ
02/02/10	02/03/10	76-44-8	Heptachlor	1.99	UJ
02/02/10	02/03/10	309-00-2	Aldrin	1.99	UJ
02/02/10	02/03/10	1024-57-3	Heptachlor epoxide	1.99	UJ
02/02/10	02/03/10	959-98-8	Endosulfan I	1.99	UJ
02/02/10	02/03/10	60-57-1	Dieldrin	1.99	UJ
02/02/10	02/03/10	72-55-9	4,4'-DDE	1.99	UJ
02/02/10	02/03/10	72-20-8	Endrin	1.99	UJ
02/02/10	02/03/10	33213-65-9	Endosulfan II	1.99	UJ
02/02/10	02/03/10	72-54-8	4,4'-DDD	1.99	UJ
02/02/10	02/03/10	1031-07-8	Endosulfan sulfate	1.99	UJ
02/02/10	02/03/10	50-29-3	4,4'-DDT	1.99	UJ
02/02/10	02/03/10	72-43-5	Methoxychlor	1.99	UJ

02/02/10	02/03/10	53494-70-5	Endrin ketone	1.99	UJ
02/02/10	02/03/10	7421-93-4	Endrin aldehyde	1.99	UJ
02/02/10	02/03/10	5103-71-9	alpha Chlordane	1.99	UJ
02/02/10	02/03/10	5103-74-2	gamma Chlordane	1.99	UJ
02/02/10	02/03/10	8001-35-2	Toxaphene	39.8	UJ
02/02/10	02/03/10	319-84-6	alpha-BHC	1.91	UJ
02/02/10	02/03/10	319-85-7	beta-BHC	1.91	UJ
02/02/10	02/03/10	319-86-8	delta-BHC	1.91	UJ
02/02/10	02/03/10	58-89-9	gamma-BHC (Lindane)	1.91	UJ
02/02/10	02/03/10	76-44-8	Heptachlor	1.91	UJ
02/02/10	02/03/10	309-00-2	Aldrin	1.91	UJ
02/02/10	02/03/10	1024-57-3	Heptachlor epoxide	1.91	UJ
02/02/10	02/03/10	959-98-8	Endosulfan I	1.91	UJ
02/02/10	02/03/10	60-57-1	Dieldrin	1.91	UJ
02/02/10	02/03/10	72-55-9	4,4'-DDE	1.91	UJ
02/02/10	02/03/10	72-20-8	Endrin	1.91	UJ
02/02/10	02/03/10	33213-65-9	Endosulfan II	1.91	UJ
02/02/10	02/03/10	72-54-8	4,4'-DDD	1.91	UJ
02/02/10	02/03/10	1031-07-8	Endosulfan sulfate	1.91	UJ
02/02/10	02/03/10	50-29-3	4,4'-DDT	1.91	UJ
02/02/10	02/03/10	72-43-5	Methoxychlor	1.91	UJ
02/02/10	02/03/10	53494-70-5	Endrin ketone	1.91	UJ
02/02/10	02/03/10	7421-93-4	Endrin aldehyde	1.91	UJ
02/02/10	02/03/10	5103-71-9	alpha Chlordane	1.91	UJ
02/02/10	02/03/10	5103-74-2	gamma Chlordane	1.91	UJ
02/02/10	02/03/10	8001-35-2	Toxaphene	38.2	UJ
02/02/10	02/03/10	94-75-7	2,4-D	44.9	UJ
02/02/10	02/03/10	94-82-6	2,4-DB	44.9	Q
02/02/10	02/03/10	93-76-5	2,4,5-T	4.49	Q
02/02/10	02/03/10	93-72-1	2,4,5-TP (Silvex)	3.37	UJ
02/02/10	02/03/10	75-99-0	Dalapon	112	UJ
02/02/10	02/03/10	1918-00-9	Dicamba	4.49	Q
02/02/10	02/03/10	120-36-5	Dichloroprop	44.9	Q
02/02/10	02/03/10	88-85-7	Dinoseb	22.4	UJ
02/02/10	02/03/10	94-74-6	MCPA	4490	UJ
02/02/10	02/03/10	93-65-2	MCPP	4490	UJ
02/02/10	02/03/10	87-86-5	Pentachlorophenol	4.49	UJ
02/02/10	02/03/10	94-75-7	2,4-D	49.5	U
02/02/10	02/03/10	94-82-6	2,4-DB	49.5	Q
02/02/10	02/03/10	93-76-5	2,4,5-T	4.95	Q
02/02/10	02/03/10	93-72-1	2,4,5-TP (Silvex)	3.71	U
02/02/10	02/03/10	75-99-0	Dalapon	124	U
02/02/10	02/03/10	1918-00-9	Dicamba	4.95	Q
02/02/10	02/03/10	120-36-5	Dichloroprop	49.5	Q
02/02/10	02/03/10	88-85-7	Dinoseb	24.7	U
02/02/10	02/03/10	94-74-6	MCPA	4950	U
02/02/10	02/03/10	93-65-2	MCPP	4950	U
02/02/10	02/03/10	87-86-5	Pentachlorophenol	4.95	U
02/02/10	02/03/10	94-75-7	2,4-D	49.8	UJ
02/02/10	02/03/10	94-82-6	2,4-DB	49.8	Q
02/02/10	02/03/10	93-76-5	2,4,5-T	4.98	Q
02/02/10	02/03/10	93-72-1	2,4,5-TP (Silvex)	3.73	UJ

02/02/10	02/03/10	75-99-0	Dalapon	124	UJ
02/02/10	02/03/10	1918-00-9	Dicamba	4.98	Q
02/02/10	02/03/10	120-36-5	Dichloroprop	49.8	Q
02/02/10	02/03/10	88-85-7	Dinoseb	24.9	UJ
02/02/10	02/03/10	94-74-6	MCPA	4980	UJ
02/02/10	02/03/10	93-65-2	MCPP	4980	UJ
02/02/10	02/03/10	87-86-5	Pentachlorophenol	4.98	UJ
02/02/10	02/03/10	94-75-7	2,4-D	47.7	UJ
02/02/10	02/03/10	94-82-6	2,4-DB	47.7	Q
02/02/10	02/03/10	93-76-5	2,4,5-T	4.77	Q
02/02/10	02/03/10	93-72-1	2,4,5-TP (Silvex)	3.58	UJ
02/02/10	02/03/10	75-99-0	Dalapon	119	UJ
02/02/10	02/03/10	1918-00-9	Dicamba	4.77	Q
02/02/10	02/03/10	120-36-5	Dichloroprop	47.7	Q
02/02/10	02/03/10	88-85-7	Dinoseb	23.9	UJ
02/02/10	02/03/10	94-74-6	MCPA	4770	UJ
02/02/10	02/03/10	93-65-2	MCPP	4770	UJ
02/02/10	02/03/10	87-86-5	Pentachlorophenol	4.77	UJ
02/02/10	02/03/10	94-75-7	2,4-D	46.7	UJ
02/02/10	02/03/10	94-82-6	2,4-DB	46.7	Q
02/02/10	02/03/10	93-76-5	2,4,5-T	4.67	Q
02/02/10	02/03/10	93-72-1	2,4,5-TP (Silvex)	3.50	UJ
02/02/10	02/03/10	75-99-0	Dalapon	117	UJ
02/02/10	02/03/10	1918-00-9	Dicamba	4.67	Q
02/02/10	02/03/10	120-36-5	Dichloroprop	46.7	Q
02/02/10	02/03/10	88-85-7	Dinoseb	23.4	UJ
02/02/10	02/03/10	94-74-6	MCPA	4670	UJ
02/02/10	02/03/10	93-65-2	MCPP	4670	UJ
02/02/10	02/03/10	87-86-5	Pentachlorophenol	4.67	UJ
02/05/10	02/08/10	319-84-6	alpha-BHC	1.88	UJ
02/05/10	02/08/10	319-85-7	beta-BHC	1.88	UJ
02/05/10	02/08/10	319-86-8	delta-BHC	1.88	UJ
02/05/10	02/08/10	58-89-9	gamma-BHC (Lindane)	1.88	UJ
02/05/10	02/08/10	76-44-8	Heptachlor	1.88	UJ
02/05/10	02/08/10	309-00-2	Aldrin	1.88	UJ
02/05/10	02/08/10	1024-57-3	Heptachlor epoxide	1.88	UJ
02/05/10	02/08/10	959-98-8	Endosulfan I	1.88	UJ
02/05/10	02/08/10	60-57-1	Dieldrin	1.88	UJ
02/05/10	02/08/10	72-55-9	4,4'-DDE	1.88	UJ
02/05/10	02/08/10	72-20-8	Endrin	1.88	UJ
02/05/10	02/08/10	33213-65-9	Endosulfan II	1.88	UJ
02/05/10	02/08/10	72-54-8	4,4'-DDD	1.88	UJ
02/05/10	02/08/10	1031-07-8	Endosulfan sulfate	1.88	UJ
02/05/10	02/08/10	50-29-3	4,4'-DDT	1.88	UJ
02/05/10	02/08/10	72-43-5	Methoxychlor	1.88	UJ
02/05/10	02/08/10	53494-70-5	Endrin ketone	1.88	UJ
02/05/10	02/08/10	7421-93-4	Endrin aldehyde	1.88	UJ
02/05/10	02/08/10	5103-71-9	alpha Chlordane	1.88	UJ
02/05/10	02/08/10	5103-74-2	gamma Chlordane	1.88	UJ
02/05/10	02/08/10	8001-35-2	Toxaphene	37.6	UJ
02/05/10	02/08/10	319-84-6	alpha-BHC	2.03	UJ
02/05/10	02/08/10	319-85-7	beta-BHC	2.03	UJ

02/05/10	02/08/10	319-86-8	delta-BHC	2.03	UJ
02/05/10	02/08/10	58-89-9	gamma-BHC (Lindane)	2.03	UJ
02/05/10	02/08/10	76-44-8	Heptachlor	2.03	UJ
02/05/10	02/08/10	309-00-2	Aldrin	2.03	UJ
02/05/10	02/08/10	1024-57-3	Heptachlor epoxide	2.03	UJ
02/05/10	02/08/10	959-98-8	Endosulfan I	2.03	UJ
02/05/10	02/08/10	60-57-1	Dieldrin	2.03	UJ
02/05/10	02/08/10	72-55-9	4,4'-DDE	2.03	UJ
02/05/10	02/08/10	72-20-8	Endrin	2.03	UJ
02/05/10	02/08/10	33213-65-9	Endosulfan II	2.03	UJ
02/05/10	02/08/10	72-54-8	4,4'-DDD	2.03	UJ
02/05/10	02/08/10	1031-07-8	Endosulfan sulfate	2.03	UJ
02/05/10	02/08/10	50-29-3	4,4'-DDT	2.03	UJ
02/05/10	02/08/10	72-43-5	Methoxychlor	2.03	UJ
02/05/10	02/08/10	53494-70-5	Endrin ketone	2.03	UJ
02/05/10	02/08/10	7421-93-4	Endrin aldehyde	2.03	UJ
02/05/10	02/08/10	5103-71-9	alpha Chlordane	2.03	UJ
02/05/10	02/08/10	5103-74-2	gamma Chlordane	2.03	UJ
02/05/10	02/08/10	8001-35-2	Toxaphene	40.5	UJ
02/05/10	02/08/10	319-84-6	alpha-BHC	2.07	U
02/05/10	02/08/10	319-85-7	beta-BHC	2.07	U
02/05/10	02/08/10	319-86-8	delta-BHC	2.07	U
02/05/10	02/08/10	58-89-9	gamma-BHC (Lindane)	2.07	U
02/05/10	02/08/10	76-44-8	Heptachlor	2.07	U
02/05/10	02/08/10	309-00-2	Aldrin	2.07	U
02/05/10	02/08/10	1024-57-3	Heptachlor epoxide	2.07	U
02/05/10	02/08/10	959-98-8	Endosulfan I	2.07	U
02/05/10	02/08/10	60-57-1	Dieldrin	2.07	U
02/05/10	02/08/10	72-55-9	4,4'-DDE	2.07	U
02/05/10	02/08/10	72-20-8	Endrin	2.07	U
02/05/10	02/08/10	33213-65-9	Endosulfan II	2.07	U
02/05/10	02/08/10	72-54-8	4,4'-DDD	2.07	U
02/05/10	02/08/10	1031-07-8	Endosulfan sulfate	2.07	U
02/05/10	02/08/10	50-29-3	4,4'-DDT	2.07	U
02/05/10	02/08/10	72-43-5	Methoxychlor	2.07	U
02/05/10	02/08/10	53494-70-5	Endrin ketone	2.07	U
02/05/10	02/08/10	7421-93-4	Endrin aldehyde	2.07	U
02/05/10	02/08/10	5103-71-9	alpha Chlordane	2.07	U
02/05/10	02/08/10	5103-74-2	gamma Chlordane	2.07	U
02/05/10	02/08/10	8001-35-2	Toxaphene	41.4	U
02/05/10	02/08/10	319-84-6	alpha-BHC	1.90	UJ
02/05/10	02/08/10	319-85-7	beta-BHC	1.90	UJ
02/05/10	02/08/10	319-86-8	delta-BHC	1.90	UJ
02/05/10	02/08/10	58-89-9	gamma-BHC (Lindane)	1.90	UJ
02/05/10	02/08/10	76-44-8	Heptachlor	1.90	UJ
02/05/10	02/08/10	309-00-2	Aldrin	1.90	UJ
02/05/10	02/08/10	1024-57-3	Heptachlor epoxide	1.90	UJ
02/05/10	02/08/10	959-98-8	Endosulfan I	1.90	UJ
02/05/10	02/08/10	60-57-1	Dieldrin	1.90	UJ
02/05/10	02/08/10	72-55-9	4,4'-DDE	1.90	UJ
02/05/10	02/08/10	72-20-8	Endrin	1.90	UJ
02/05/10	02/08/10	33213-65-9	Endosulfan II	1.90	UJ

02/05/10	02/08/10	72-54-8	4,4'-DDD	1.90	UJ
02/05/10	02/08/10	1031-07-8	Endosulfan sulfate	1.90	UJ
02/05/10	02/08/10	50-29-3	4,4'-DDT	1.90	UJ
02/05/10	02/08/10	72-43-5	Methoxychlor	1.90	UJ
02/05/10	02/08/10	53494-70-5	Endrin ketone	1.90	UJ
02/05/10	02/08/10	7421-93-4	Endrin aldehyde	1.90	UJ
02/05/10	02/08/10	5103-71-9	alpha Chlordane	1.90	UJ
02/05/10	02/08/10	5103-74-2	gamma Chlordane	1.90	UJ
02/05/10	02/08/10	8001-35-2	Toxaphene	38.1	UJ
02/05/10	02/08/10	319-84-6	alpha-BHC	1.76	U
02/05/10	02/08/10	319-85-7	beta-BHC	1.76	U
02/05/10	02/08/10	319-86-8	delta-BHC	1.76	U
02/05/10	02/08/10	58-89-9	gamma-BHC (Lindane)	1.76	U
02/05/10	02/08/10	76-44-8	Heptachlor	1.76	U
02/05/10	02/08/10	309-00-2	Aldrin	1.76	U
02/05/10	02/08/10	1024-57-3	Heptachlor epoxide	1.76	U
02/05/10	02/08/10	959-98-8	Endosulfan I	1.76	U
02/05/10	02/08/10	60-57-1	Dieldrin	1.76	U
02/05/10	02/08/10	72-55-9	4,4'-DDE	1.76	U
02/05/10	02/08/10	72-20-8	Endrin	1.76	U
02/05/10	02/08/10	33213-65-9	Endosulfan II	1.76	U
02/05/10	02/08/10	72-54-8	4,4'-DDD	1.76	U
02/05/10	02/08/10	1031-07-8	Endosulfan sulfate	1.76	U
02/05/10	02/08/10	50-29-3	4,4'-DDT	1.76	U
02/05/10	02/08/10	72-43-5	Methoxychlor	1.76	U
02/05/10	02/08/10	53494-70-5	Endrin ketone	1.76	U
02/05/10	02/08/10	7421-93-4	Endrin aldehyde	1.76	U
02/05/10	02/08/10	5103-71-9	alpha Chlordane	1.76	U
02/05/10	02/08/10	5103-74-2	gamma Chlordane	1.76	U
02/05/10	02/08/10	8001-35-2	Toxaphene	35.2	U
02/05/10	02/08/10	94-75-7	2,4-D	53.7	Q
02/05/10	02/08/10	94-82-6	2,4-DB	53.7	Q
02/05/10	02/08/10	93-76-5	2,4,5-T	5.37	UJ
02/05/10	02/08/10	93-72-1	2,4,5-TP (Silvex)	4.03	UJ
02/05/10	02/08/10	75-99-0	Dalapon	134	UJ
02/05/10	02/08/10	1918-00-9	Dicamba	5.37	Q
02/05/10	02/08/10	120-36-5	Dichloroprop	53.7	Q
02/05/10	02/08/10	88-85-7	Dinoseb	26.9	UJ
02/05/10	02/08/10	94-74-6	MCPA	5370	UJ
02/05/10	02/08/10	93-65-2	MCPP	5370	UJ
02/05/10	02/08/10	87-86-5	Pentachlorophenol	5.37	UJ
02/05/10	02/08/10	94-75-7	2,4-D	46.5	Q
02/05/10	02/08/10	94-82-6	2,4-DB	46.5	Q
02/05/10	02/08/10	93-76-5	2,4,5-T	4.65	U
02/05/10	02/08/10	93-72-1	2,4,5-TP (Silvex)	3.49	U
02/05/10	02/08/10	75-99-0	Dalapon	116	U
02/05/10	02/08/10	1918-00-9	Dicamba	4.65	Q
02/05/10	02/08/10	120-36-5	Dichloroprop	46.5	Q
02/05/10	02/08/10	88-85-7	Dinoseb	23.2	U
02/05/10	02/08/10	94-74-6	MCPA	4650	U
02/05/10	02/08/10	93-65-2	MCPP	4650	U
02/05/10	02/08/10	87-86-5	Pentachlorophenol	4.65	U

02/05/10	02/08/10	87-86-5	Pentachlorophenol	3.17	J
02/05/10	02/08/10	94-75-7	2,4-D	51.7	Q
02/05/10	02/08/10	94-82-6	2,4-DB	51.7	Q
02/05/10	02/08/10	93-76-5	2,4,5-T	5.17	U
02/05/10	02/08/10	93-72-1	2,4,5-TP (Silvex)	3.88	U
02/05/10	02/08/10	75-99-0	Dalapon	129	U
02/05/10	02/08/10	1918-00-9	Dicamba	5.17	Q
02/05/10	02/08/10	120-36-5	Dichloroprop	51.7	Q
02/05/10	02/08/10	88-85-7	Dinoseb	25.8	U
02/05/10	02/08/10	94-74-6	MCPA	5170	U
02/05/10	02/08/10	93-65-2	MCPP	5170	U
02/05/10	02/08/10	87-86-5	Pentachlorophenol	3.13	J
02/05/10	02/08/10	94-75-7	2,4-D	47.5	Q
02/05/10	02/08/10	94-82-6	2,4-DB	47.5	Q
02/05/10	02/08/10	93-76-5	2,4,5-T	4.75	U
02/05/10	02/08/10	93-72-1	2,4,5-TP (Silvex)	3.57	U
02/05/10	02/08/10	75-99-0	Dalapon	119	U
02/05/10	02/08/10	1918-00-9	Dicamba	4.75	Q
02/05/10	02/08/10	120-36-5	Dichloroprop	47.5	Q
02/05/10	02/08/10	88-85-7	Dinoseb	23.8	U
02/05/10	02/08/10	94-74-6	MCPA	4750	U
02/05/10	02/08/10	93-65-2	MCPP	4750	U
02/05/10	02/08/10	87-86-5	Pentachlorophenol	4.75	U
02/05/10	02/08/10	87-86-5	Pentachlorophenol	3.58	J
02/05/10	02/08/10	94-75-7	2,4-D	47.5	Q
02/05/10	02/08/10	94-82-6	2,4-DB	47.5	Q
02/05/10	02/08/10	93-76-5	2,4,5-T	4.75	U
02/05/10	02/08/10	93-72-1	2,4,5-TP (Silvex)	3.56	U
02/05/10	02/08/10	75-99-0	Dalapon	119	U
02/05/10	02/08/10	1918-00-9	Dicamba	4.75	Q
02/05/10	02/08/10	120-36-5	Dichloroprop	47.5	Q
02/05/10	02/08/10	88-85-7	Dinoseb	23.8	U
02/05/10	02/08/10	94-74-6	MCPA	4750	U
02/05/10	02/08/10	93-65-2	MCPP	4750	U
02/05/10	02/08/10	87-86-5	Pentachlorophenol	3.35	J
02/09/10	02/11/10	94-75-7	2,4-D	44.6	Q
02/09/10	02/11/10	94-82-6	2,4-DB	44.6	Q
02/09/10	02/11/10	93-76-5	2,4,5-T	4.46	Q
02/09/10	02/11/10	93-72-1	2,4,5-TP (Silvex)	3.35	UJ
02/09/10	02/11/10	75-99-0	Dalapon	112	UJ
02/09/10	02/11/10	1918-00-9	Dicamba	4.46	UJ
02/09/10	02/11/10	120-36-5	Dichloroprop	44.6	Q
02/09/10	02/11/10	88-85-7	Dinoseb	22.3	UJ
02/09/10	02/11/10	94-74-6	MCPA	4460	UJ
02/09/10	02/11/10	93-65-2	MCPP	4460	UJ
02/09/10	02/11/10	87-86-5	Pentachlorophenol	4.46	UJ
02/09/10	02/11/10	94-75-7	2,4-D	47.6	Q
02/09/10	02/11/10	94-82-6	2,4-DB	47.6	Q
02/09/10	02/11/10	93-76-5	2,4,5-T	4.76	Q
02/09/10	02/11/10	93-72-1	2,4,5-TP (Silvex)	3.57	U
02/09/10	02/11/10	75-99-0	Dalapon	119	U
02/09/10	02/11/10	1918-00-9	Dicamba	4.76	U

02/09/10	02/11/10	120-36-5	Dichloroprop	47.6	Q
02/09/10	02/11/10	88-85-7	Dinoseb	23.8	U
02/09/10	02/11/10	94-74-6	MCPA	4760	U
02/09/10	02/11/10	93-65-2	MCPP	4760	U
02/09/10	02/11/10	87-86-5	Pentachlorophenol	4.76	U
02/09/10	02/11/10	94-75-7	2,4-D	47.8	Q
02/09/10	02/11/10	94-82-6	2,4-DB	47.8	Q
02/09/10	02/11/10	93-76-5	2,4,5-T	4.78	Q
02/09/10	02/11/10	93-72-1	2,4,5-TP (Silvex)	3.59	U
02/09/10	02/11/10	75-99-0	Dalapon	120	U
02/09/10	02/11/10	1918-00-9	Dicamba	4.78	U
02/09/10	02/11/10	120-36-5	Dichloroprop	47.8	Q
02/09/10	02/11/10	88-85-7	Dinoseb	23.9	U
02/09/10	02/11/10	94-74-6	MCPA	4780	U
02/09/10	02/11/10	93-65-2	MCPP	4780	U
02/09/10	02/11/10	87-86-5	Pentachlorophenol	2.41	J
02/09/10	02/11/10	87-86-5	Pentachlorophenol	3.72	J
02/09/10	02/11/10	94-75-7	2,4-D	46.6	Q
02/09/10	02/11/10	94-82-6	2,4-DB	46.6	Q
02/09/10	02/11/10	93-76-5	2,4,5-T	4.66	Q
02/09/10	02/11/10	93-72-1	2,4,5-TP (Silvex)	3.50	U
02/09/10	02/11/10	75-99-0	Dalapon	117	U
02/09/10	02/11/10	1918-00-9	Dicamba	4.66	U
02/09/10	02/11/10	120-36-5	Dichloroprop	46.6	Q
02/09/10	02/11/10	88-85-7	Dinoseb	23.3	U
02/09/10	02/11/10	94-74-6	MCPA	4660	U
02/09/10	02/11/10	93-65-2	MCPP	4660	U
02/09/10	02/11/10	87-86-5	Pentachlorophenol	4.66	U
02/09/10	02/11/10	94-75-7	2,4-D	45.3	Q
02/09/10	02/11/10	94-82-6	2,4-DB	45.3	Q
02/09/10	02/11/10	93-76-5	2,4,5-T	4.53	Q
02/09/10	02/11/10	93-72-1	2,4,5-TP (Silvex)	3.39	UJ
02/09/10	02/11/10	75-99-0	Dalapon	113	UJ
02/09/10	02/11/10	1918-00-9	Dicamba	4.53	UJ
02/09/10	02/11/10	120-36-5	Dichloroprop	45.3	Q
02/09/10	02/11/10	88-85-7	Dinoseb	22.6	UJ
02/09/10	02/11/10	94-74-6	MCPA	4530	UJ
02/09/10	02/11/10	93-65-2	MCPP	4530	UJ
02/09/10	02/11/10	87-86-5	Pentachlorophenol	4.53	UJ
02/05/10	02/05/10	pH	Corrosivity pH	7.84	
02/05/10	02/05/10	pH	Corrosivity pH	7.42	
02/09/10	02/09/10	57-12-5	Reactivity, Cyanide	49.8	U
02/09/10	02/09/10	57-12-5	Reactivity, Cyanide	49.9	U
02/05/10	02/10/10	72-54-8	4,4'-DDD	2.06	UJ
02/05/10	02/10/10	72-55-9	4,4'-DDE	2.06	UJ
02/05/10	02/10/10	50-29-3	4,4'-DDT	2.06	UJ
02/05/10	02/10/10	309-00-2	Aldrin	2.06	UJ
02/05/10	02/10/10	5103-71-9	alpha Chlordane	2.06	UJ
02/05/10	02/10/10	319-84-6	alpha-BHC	2.06	UJ
02/05/10	02/10/10	319-85-7	beta-BHC	2.06	UJ
02/05/10	02/10/10	319-86-8	delta-BHC	2.06	UJ
02/05/10	02/10/10	60-57-1	Dieldrin	2.06	UJ

02/05/10	02/10/10	959-98-8	Endosulfan I	2.06	UJ
02/05/10	02/10/10	33213-65-9	Endosulfan II	2.06	UJ
02/05/10	02/10/10	1031-07-8	Endosulfan sulfate	2.06	UJ
02/05/10	02/10/10	72-20-8	Endrin	2.06	UJ
02/05/10	02/10/10	7421-93-4	Endrin aldehyde	2.06	UJ
02/05/10	02/10/10	53494-70-5	Endrin ketone	2.06	UJ
02/05/10	02/10/10	5103-74-2	gamma Chlordane	2.06	UJ
02/05/10	02/10/10	58-89-9	gamma-BHC (Lindane)	2.06	UJ
02/05/10	02/10/10	76-44-8	Heptachlor	2.06	UJ
02/05/10	02/10/10	1024-57-3	Heptachlor epoxide	2.06	UJ
02/05/10	02/10/10	72-43-5	Methoxychlor	2.06	UJ
02/05/10	02/10/10	8001-35-2	Toxaphene	41.2	UJ
02/05/10	02/10/10	72-54-8	4,4'-DDD	2.02	UJ
02/05/10	02/10/10	72-55-9	4,4'-DDE	2.02	UJ
02/05/10	02/10/10	50-29-3	4,4'-DDT	2.02	UJ
02/05/10	02/10/10	309-00-2	Aldrin	2.02	UJ
02/05/10	02/10/10	5103-71-9	alpha Chlordane	2.02	UJ
02/05/10	02/10/10	319-84-6	alpha-BHC	2.02	UJ
02/05/10	02/10/10	319-85-7	beta-BHC	2.02	UJ
02/05/10	02/10/10	319-86-8	delta-BHC	2.02	UJ
02/05/10	02/10/10	60-57-1	Dieldrin	2.02	UJ
02/05/10	02/10/10	959-98-8	Endosulfan I	2.02	UJ
02/05/10	02/10/10	33213-65-9	Endosulfan II	2.02	UJ
02/05/10	02/10/10	1031-07-8	Endosulfan sulfate	2.02	UJ
02/05/10	02/10/10	72-20-8	Endrin	2.02	UJ
02/05/10	02/10/10	7421-93-4	Endrin aldehyde	2.02	UJ
02/05/10	02/10/10	53494-70-5	Endrin ketone	2.02	UJ
02/05/10	02/10/10	5103-74-2	gamma Chlordane	2.02	UJ
02/05/10	02/10/10	58-89-9	gamma-BHC (Lindane)	2.02	UJ
02/05/10	02/10/10	76-44-8	Heptachlor	2.02	UJ
02/05/10	02/10/10	1024-57-3	Heptachlor epoxide	2.02	UJ
02/05/10	02/10/10	72-43-5	Methoxychlor	2.02	UJ
02/05/10	02/10/10	8001-35-2	Toxaphene	40.5	UJ
02/05/10	02/08/10	94-75-7	2,4-D	49.4	Q
02/05/10	02/08/10	94-82-6	2,4-DB	49.4	Q
02/05/10	02/08/10	93-76-5	2,4,5-T	4.94	U
02/05/10	02/08/10	93-72-1	2,4,5-TP (Silvex)	3.7	U
02/05/10	02/08/10	75-99-0	Dalapon	123	U
02/05/10	02/08/10	1918-00-9	Dicamba	4.94	Q
02/05/10	02/08/10	120-36-5	Dichloroprop	49.4	Q
02/05/10	02/08/10	88-85-7	Dinoseb	24.7	U
02/05/10	02/08/10	94-74-6	MCPA	4940	U
02/05/10	02/08/10	93-65-2	MCPP	4940	U
02/05/10	02/08/10	87-86-5	Pentachlorophenol	4.94	U
02/05/10	02/08/10	94-75-7	2,4-D	44.3	Q
02/05/10	02/08/10	94-82-6	2,4-DB	44.3	Q
02/05/10	02/08/10	93-76-5	2,4,5-T	4.43	U
02/05/10	02/08/10	93-72-1	2,4,5-TP (Silvex)	3.32	U
02/05/10	02/08/10	75-99-0	Dalapon	111	U
02/05/10	02/08/10	1918-00-9	Dicamba	4.43	Q
02/05/10	02/08/10	120-36-5	Dichloroprop	44.3	Q
02/05/10	02/08/10	88-85-7	Dinoseb	22.1	U

02/05/10	02/08/10	94-74-6	MCPA	4430	U
02/05/10	02/08/10	93-65-2	MCPP	4430	U
02/05/10	02/08/10	87-86-5	Pentachlorophenol	4.43	U
02/08/10	02/08/10	18496-25-8	Reactivity, Sulfide	100	U
02/08/10	02/08/10	18496-25-8	Reactivity, Sulfide	100	U
02/08/10	02/09/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
02/08/10	02/09/10	99-65-0	1,3-Dinitrobenzene	0.25	U
02/08/10	02/09/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
02/08/10	02/09/10	121-14-2	2,4-Dinitrotoluene	0.338	
02/08/10	02/09/10	606-20-2	2,6-Dinitrotoluene	0.25	U
02/08/10	02/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
02/08/10	02/09/10	88-72-2	2-Nitrotoluene	0.25	U
02/08/10	02/09/10	99-08-1	3-Nitrotoluene	0.25	U
02/08/10	02/09/10	99-99-0	4-Nitrotoluene	0.25	U
02/08/10	02/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
02/08/10	02/09/10	2691-41-0	HMX	0.236	J
02/08/10	02/09/10	98-95-3	Nitrobenzene	0.25	U
02/08/10	02/09/10	121-82-4	RDX	0.25	U
02/08/10	02/09/10	479-45-8	Tetryl	0.25	Q
02/08/10	02/09/10	55-63-0	Nitroglycerin	0.468	
02/08/10	02/10/10	99-35-4	1,3,5-Trinitrobenzene	0.25	UJ
02/08/10	02/10/10	99-65-0	1,3-Dinitrobenzene	0.25	UJ
02/08/10	02/10/10	118-96-7	2,4,6-Trinitrotoluene	0.25	UJ
02/08/10	02/10/10	121-14-2	2,4-Dinitrotoluene	0.365	J
02/08/10	02/10/10	606-20-2	2,6-Dinitrotoluene	0.25	UJ
02/08/10	02/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	UJ
02/08/10	02/10/10	88-72-2	2-Nitrotoluene	0.25	UJ
02/08/10	02/10/10	99-08-1	3-Nitrotoluene	0.25	UJ
02/08/10	02/10/10	99-99-0	4-Nitrotoluene	0.25	UJ
02/08/10	02/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	UJ
02/08/10	02/10/10	2691-41-0	HMX	0.274	J
02/08/10	02/10/10	98-95-3	Nitrobenzene	0.25	UJ
02/08/10	02/10/10	121-82-4	RDX	0.25	UJ
02/08/10	02/10/10	479-45-8	Tetryl	0.25	UJ
02/08/10	02/11/10	78-11-5	PETN	1.07	
02/08/10	02/09/10	99-35-4	1,3,5-Trinitrobenzene	0.249	U
02/08/10	02/09/10	99-65-0	1,3-Dinitrobenzene	0.249	U
02/08/10	02/09/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
02/08/10	02/09/10	121-14-2	2,4-Dinitrotoluene	0.249	U
02/08/10	02/09/10	606-20-2	2,6-Dinitrotoluene	0.249	U
02/08/10	02/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
02/08/10	02/09/10	88-72-2	2-Nitrotoluene	0.249	U
02/08/10	02/09/10	99-08-1	3-Nitrotoluene	0.249	U
02/08/10	02/09/10	99-99-0	4-Nitrotoluene	0.249	U
02/08/10	02/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
02/08/10	02/09/10	2691-41-0	HMX	0.249	U
02/08/10	02/09/10	98-95-3	Nitrobenzene	0.249	U
02/08/10	02/09/10	121-82-4	RDX	0.249	U
02/08/10	02/09/10	479-45-8	Tetryl	0.249	Q
02/08/10	02/09/10	55-63-0	Nitroglycerin	0.249	U
02/08/10	02/11/10	78-11-5	PETN	0.249	U
02/09/10	02/09/10	7439-97-6	Mercury, TCLP	0.002	U

02/09/10	02/09/10	7439-97-6	Mercury, TCLP	0.002	U
02/09/10	02/09/10	7440-38-2	Arsenic, TCLP	1	U
02/09/10	02/09/10	7440-39-3	Barium, TCLP	0.849	
02/09/10	02/09/10	7440-43-9	Cadmium, TCLP	0.1	U
02/09/10	02/09/10	7440-47-3	Chromium, TCLP	0.2	U
02/09/10	02/09/10	7439-92-1	Lead, TCLP	1	U
02/09/10	02/09/10	7782-49-2	Selenium, TCLP	0.8	U
02/09/10	02/09/10	7440-22-4	Silver, TCLP	0.1	U
02/09/10	02/09/10	7440-38-2	Arsenic, TCLP	1	U
02/09/10	02/09/10	7440-39-3	Barium, TCLP	0.597	
02/09/10	02/09/10	7440-43-9	Cadmium, TCLP	0.1	U
02/09/10	02/09/10	7440-47-3	Chromium, TCLP	0.2	U
02/09/10	02/09/10	7439-92-1	Lead, TCLP	1	U
02/09/10	02/09/10	7782-49-2	Selenium, TCLP	0.8	U
02/09/10	02/09/10	7440-22-4	Silver, TCLP	0.1	U
02/09/10	02/11/10	94-75-7	2,4-D	51.1	Q
02/09/10	02/11/10	94-82-6	2,4-DB	51.1	Q
02/09/10	02/11/10	93-76-5	2,4,5-T	5.11	Q
02/09/10	02/11/10	93-72-1	2,4,5-TP (Silvex)	3.83	UJ
02/09/10	02/11/10	75-99-0	Dalapon	128	UJ
02/09/10	02/11/10	1918-00-9	Dicamba	5.11	UJ
02/09/10	02/11/10	120-36-5	Dichloroprop	51.1	Q
02/09/10	02/11/10	88-85-7	Dinoseb	25.6	UJ
02/09/10	02/11/10	94-74-6	MCPA	5110	UJ
02/09/10	02/11/10	93-65-2	MCPP	5110	UJ
02/09/10	02/11/10	87-86-5	Pentachlorophenol	5.11	UJ
02/09/10	02/11/10	94-75-7	2,4-D	47.4	Q
02/09/10	02/11/10	94-82-6	2,4-DB	47.4	Q
02/09/10	02/11/10	93-76-5	2,4,5-T	4.74	Q
02/09/10	02/11/10	93-72-1	2,4,5-TP (Silvex)	3.55	U
02/09/10	02/11/10	75-99-0	Dalapon	118	U
02/09/10	02/11/10	1918-00-9	Dicamba	4.74	U
02/09/10	02/11/10	120-36-5	Dichloroprop	47.4	Q
02/09/10	02/11/10	88-85-7	Dinoseb	23.7	U
02/09/10	02/11/10	94-74-6	MCPA	4740	U
02/09/10	02/11/10	93-65-2	MCPP	4740	U
02/09/10	02/11/10	87-86-5	Pentachlorophenol	4.74	U
02/10/10	02/10/10	Ignit	Ignitability	75	>
02/10/10	02/10/10	Ignit	Ignitability	70	>
02/11/10	02/12/10	72-54-8	4,4'-DDD	2.02	UJ
02/11/10	02/12/10	72-55-9	4,4'-DDE	2.02	UJ
02/11/10	02/12/10	50-29-3	4,4'-DDT	2.02	UJ
02/11/10	02/12/10	309-00-2	Aldrin	2.02	UJ
02/11/10	02/12/10	5103-71-9	alpha Chlordane	2.02	UJ
02/11/10	02/12/10	319-84-6	alpha-BHC	2.02	UJ
02/11/10	02/12/10	319-85-7	beta-BHC	2.02	UJ
02/11/10	02/12/10	319-86-8	delta-BHC	2.02	UJ
02/11/10	02/12/10	60-57-1	Dieldrin	2.02	UJ
02/11/10	02/12/10	959-98-8	Endosulfan I	2.02	UJ
02/11/10	02/12/10	33213-65-9	Endosulfan II	2.02	UJ
02/11/10	02/12/10	1031-07-8	Endosulfan sulfate	2.02	UJ
02/11/10	02/12/10	72-20-8	Endrin	2.02	UJ

02/11/10	02/12/10	7421-93-4	Endrin aldehyde	2.02	UJ
02/11/10	02/12/10	53494-70-5	Endrin ketone	2.02	UJ
02/11/10	02/12/10	5103-74-2	gamma Chlordane	2.02	UJ
02/11/10	02/12/10	58-89-9	gamma-BHC (Lindane)	2.02	UJ
02/11/10	02/12/10	76-44-8	Heptachlor	2.02	UJ
02/11/10	02/12/10	1024-57-3	Heptachlor epoxide	2.02	UJ
02/11/10	02/12/10	72-43-5	Methoxychlor	2.02	UJ
02/11/10	02/12/10	8001-35-2	Toxaphene	40.4	UJ
02/11/10	02/12/10	72-54-8	4,4'-DDD	1.95	UJ
02/11/10	02/12/10	72-55-9	4,4'-DDE	1.95	UJ
02/11/10	02/12/10	50-29-3	4,4'-DDT	1.95	UJ
02/11/10	02/12/10	309-00-2	Aldrin	1.95	UJ
02/11/10	02/12/10	5103-71-9	alpha Chlordane	1.95	UJ
02/11/10	02/12/10	319-84-6	alpha-BHC	1.95	UJ
02/11/10	02/12/10	319-85-7	beta-BHC	1.95	UJ
02/11/10	02/12/10	319-86-8	delta-BHC	1.95	UJ
02/11/10	02/12/10	60-57-1	Dieldrin	1.95	UJ
02/11/10	02/12/10	959-98-8	Endosulfan I	1.95	UJ
02/11/10	02/12/10	33213-65-9	Endosulfan II	1.95	UJ
02/11/10	02/12/10	1031-07-8	Endosulfan sulfate	1.95	UJ
02/11/10	02/12/10	72-20-8	Endrin	1.95	UJ
02/11/10	02/12/10	7421-93-4	Endrin aldehyde	1.95	UJ
02/11/10	02/12/10	53494-70-5	Endrin ketone	1.95	UJ
02/11/10	02/12/10	5103-74-2	gamma Chlordane	1.95	UJ
02/11/10	02/12/10	58-89-9	gamma-BHC (Lindane)	1.95	UJ
02/11/10	02/12/10	76-44-8	Heptachlor	1.95	UJ
02/11/10	02/12/10	1024-57-3	Heptachlor epoxide	1.95	UJ
02/11/10	02/12/10	72-43-5	Methoxychlor	1.95	UJ
02/11/10	02/12/10	8001-35-2	Toxaphene	38.9	UJ
04/23/10	04/26/10	7439-92-1	Lead, Total	31.7	
04/23/10	04/26/10	7439-92-1	Lead, Total	16.6	
04/23/10	04/26/10	7439-92-1	Lead, Total	811	
04/23/10	04/26/10	7439-92-1	Lead, Total	9.75	
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	2.05	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	4.09	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	2.02	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	4.04	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	1.78	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	3.55	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	1.78	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	3.57	UJ
04/26/10	04/27/10	99-65-0	1,3-Dinitrobenzene	0.250	U
04/26/10	04/27/10	121-14-2	2,4-Dinitrotoluene	0.250	U
04/26/10	04/27/10	606-20-2	2,6-Dinitrotoluene	0.250	U
04/26/10	04/27/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	UQ
04/26/10	04/27/10	88-72-2	2-Nitrotoluene	0.250	U
04/26/10	04/27/10	99-99-0	4-Nitrotoluene	0.250	U
04/26/10	04/27/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
04/26/10	04/27/10	121-82-4	RDX	0.250	U
04/26/10	04/27/10	55-63-0	Nitroglycerin	0.203	J
04/26/10	04/27/10	99-65-0	1,3-Dinitrobenzene	0.251	U
04/26/10	04/27/10	121-14-2	2,4-Dinitrotoluene	0.251	U

04/26/10	04/27/10	606-20-2	2,6-Dinitrotoluene	0.251	U
04/26/10	04/27/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	UQ
04/26/10	04/27/10	88-72-2	2-Nitrotoluene	0.251	U
04/26/10	04/27/10	99-99-0	4-Nitrotoluene	0.251	U
04/26/10	04/27/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U
04/26/10	04/27/10	121-82-4	RDX	0.251	U
04/26/10	04/27/10	55-63-0	Nitroglycerin	0.251	U
04/26/10	04/27/10	99-65-0	1,3-Dinitrobenzene	0.242	UJ
04/26/10	04/27/10	121-14-2	2,4-Dinitrotoluene	9.38	J
04/26/10	04/27/10	606-20-2	2,6-Dinitrotoluene	23.7	J
04/26/10	04/27/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.94	Q
04/26/10	04/27/10	88-72-2	2-Nitrotoluene	0.242	UJ
04/26/10	04/27/10	99-99-0	4-Nitrotoluene	0.242	UJ
04/26/10	04/27/10	19406-51-0	4-Amino-2,6-dinitrotoluene	10.5	J
04/26/10	04/27/10	121-82-4	RDX	0.242	UJ
04/26/10	04/27/10	55-63-0	Nitroglycerin	15.0	J
04/26/10	04/27/10	99-65-0	1,3-Dinitrobenzene	0.242	U
04/26/10	04/27/10	121-14-2	2,4-Dinitrotoluene	0.242	U
04/26/10	04/27/10	606-20-2	2,6-Dinitrotoluene	0.242	U
04/26/10	04/27/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.242	U
04/26/10	04/27/10	88-72-2	2-Nitrotoluene	0.242	U
04/26/10	04/27/10	99-99-0	4-Nitrotoluene	0.242	U
04/26/10	04/27/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.242	U
04/26/10	04/27/10	121-82-4	RDX	0.242	U
04/26/10	04/27/10	55-63-0	Nitroglycerin	0.242	U
04/28/10	04/28/10	11097-69-1	Aroclor-1254	0.0181	J
04/28/10	04/28/10	11097-69-1	Aroclor-1254	0.0182	U
04/28/10	04/28/10	11097-69-1	Aroclor-1254	0.2690	
04/28/10	04/28/10	11097-69-1	Aroclor-1254	0.0180	U
04/26/10	04/27/10	118-96-7	2,4,6-Trinitrotoluene	0.02	J
04/26/10	04/27/10	118-96-7	2,4,6-Trinitrotoluene	0.0211	U
04/26/10	04/30/10	118-96-7	2,4,6-Trinitrotoluene	0.0211	J
04/26/10	04/27/10	118-96-7	2,4,6-Trinitrotoluene	0.0211	U
04/22/10	04/22/10	pH	Corrosivity pH	0.02	
04/22/10	04/22/10	pH	Corrosivity pH	0.0211	
04/22/10	04/22/10	pH	Corrosivity pH	0.0211	
04/22/10	04/22/10	pH	Corrosivity pH	0.0211	
04/22/10	04/22/10	pH	Corrosivity pH	0.0207	
04/22/10	04/22/10	pH	Corrosivity pH	0.0207	
04/22/10	04/22/10	pH	Corrosivity pH	0.0207	
04/22/10	04/22/10	pH	Corrosivity pH	0.0207	
04/22/10	04/22/10	pH	Corrosivity pH	0.0207	
04/22/10	04/22/10	pH	Corrosivity pH	0.0207	
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.02	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.0206	
04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.021	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.0206	J
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.02	U
04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.021	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.021	U
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.02	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.021	

04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.021	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.0206	J
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.02	U
04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.021	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.021	U
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.02	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.0202	
04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.020	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.0202	J
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.02	U
04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.020	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.020	U
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.02	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.021	
04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.021	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.021	J
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.02	U
04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.021	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.021	U
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.02	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.0209	
04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.021	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.0209	J
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.02	U
04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.021	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.021	U
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.02	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.0182	
04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.018	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.0189	J
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.01	U
04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.018	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.018	U
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.19	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.152	
04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.026	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.0179	J
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.02	U
04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.054	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.016	U
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.07	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.0188	
04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.020	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.102	J
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.02	U
04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.018	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.018	U
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.14	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.2	
04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.013	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.028	U
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.11	U

04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.272	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.027	U
04/23/10	04/23/10	7440-38-2	Arsenic, TCLP	0.07	U
04/23/10	04/23/10	7440-39-3	Barium, TCLP	0.02	
04/23/10	04/23/10	7440-43-9	Cadmium, TCLP	0.035	U
04/23/10	04/23/10	7440-47-3	Chromium, TCLP	0.0187	J
04/23/10	04/23/10	7439-92-1	Lead, TCLP	0.0216	J
04/23/10	04/23/10	7782-49-2	Selenium, TCLP	0.018	U
04/23/10	04/23/10	7440-22-4	Silver, TCLP	0.019	U
04/23/10	04/23/10	7439-97-6	Mercury	0.0184	U
04/23/10	04/23/10	7439-97-6	Mercury	0.01880	U
04/23/10	04/23/10	7439-97-6	Mercury	0.01770	U
04/23/10	04/23/10	7439-97-6	Mercury	0.02200	U
04/23/10	04/23/10	7439-97-6	Mercury	0.01860	U
04/23/10	04/23/10	7439-97-6	Mercury	0.01770	U
04/23/10	04/23/10	7439-97-6	Mercury	0.01760	U
04/23/10	04/23/10	7439-97-6	Mercury	0.02260	U
04/23/10	04/23/10	7439-97-6	Mercury	0.01720	U
04/23/10	04/23/10	7439-97-6	Mercury	0.01840	U
04/23/10	04/27/10	319-84-6	alpha-BHC	0.0181	UJ
04/23/10	04/27/10	959-98-8	Endosulfan I	0.0646	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	0.134	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	0.0258	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	0.0346	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	0.0163	UJ
04/23/10	04/27/10	309-00-2	Aldrin	0.0397	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	1.51	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	1.97	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	2.81	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	0.0842	UJ
04/23/10	04/27/10	33213-65-9	Endosulfan II	0.216	UJ
04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	0.0747	UJ
04/23/10	04/27/10	72-20-8	Endrin	0.166	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	0.0179	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	0.0179	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	0.0175	UJ
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	0.0182	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	0.0208	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	0.0215	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	0.0182	UJ
04/23/10	04/27/10	319-84-6	alpha-BHC	0.0179	UJ
04/23/10	04/27/10	959-98-8	Endosulfan I	0.0182	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	0.0186	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	0.0188	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	0.0181	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	0.0179	UJ
04/23/10	04/27/10	309-00-2	Aldrin	0.0864	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	0.0733	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	0.0876	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	0.0915	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	0.0883	UJ
04/23/10	04/27/10	33213-65-9	Endosulfan II	0.112	UJ

04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	0.0174	UJ
04/23/10	04/27/10	72-20-8	Endrin	0.0178	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	0.0246	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	0.0373	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	0.0188	UJ
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	0.0209	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	0.0354	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	0.0179	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	0.0228	UJ
04/23/10	04/27/10	319-84-6	alpha-BHC	0.0215	UJ
04/23/10	04/27/10	959-98-8	Endosulfan I	0.0189	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	0.0197	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	0.0222	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	0.0132	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	0.0241	UJ
04/23/10	04/27/10	309-00-2	Aldrin	0.0569	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	0.0848	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	0.0197	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	0.059	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	0.0972	UJ
04/23/10	04/27/10	33213-65-9	Endosulfan II	0.018	UJ
04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	0.0178	UJ
04/23/10	04/27/10	72-20-8	Endrin	0.0146	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	0.0321	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	0.0184	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	0.0184	UJ
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	0.0209	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	0.0183	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	0.0185	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	0.0	UJ
04/23/10	04/27/10	319-84-6	alpha-BHC	0.0172	UJ
04/23/10	04/27/10	959-98-8	Endosulfan I	0.0225	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	0.0187	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	0.0118	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	0.0195	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	0.0266	UJ
04/23/10	04/27/10	309-00-2	Aldrin	0.0357	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	0.0178	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	0.0187	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	0.0186	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	0.0185	UJ
04/23/10	04/27/10	33213-65-9	Endosulfan II	0.0196	UJ
04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	0.0193	UJ
04/23/10	04/27/10	72-20-8	Endrin	0.0202	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	0.0202	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	0.012	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	0.0244	UJ
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	0.0498	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	0.088	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	0.0403	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	0.0857	UJ
04/23/10	04/27/10	319-84-6	alpha-BHC	0.124	UJ

04/23/10	04/27/10	959-98-8	Endosulfan I	0.2	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	0.0579	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	0.0938	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	0.0204	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	0.0204	UJ
04/23/10	04/27/10	309-00-2	Aldrin	0.0209	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	0.0186	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	0.0199	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	0.0192	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	0.0211	UJ
04/23/10	04/27/10	33213-65-9	Endosulfan II	0.0169	UJ
04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	0.047	UJ
04/23/10	04/27/10	72-20-8	Endrin	0.0145	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	0.0317	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	0.0193	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	0.0196	UJ
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	0.0188	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	0	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	0	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	0.0188	UJ
04/23/10	04/27/10	319-84-6	alpha-BHC	0.0185	UJ
04/23/10	04/27/10	959-98-8	Endosulfan I	1.98	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	1.98	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	1.98	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	1.98	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	1.98	UJ
04/23/10	04/27/10	309-00-2	Aldrin	1.98	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	1.98	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	1.98	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	1.98	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	1.98	UJ
04/23/10	04/27/10	33213-65-9	Endosulfan II	1.98	UJ
04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	1.98	UJ
04/23/10	04/27/10	72-20-8	Endrin	1.98	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	1.98	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	1.98	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	1.98	UJ
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	1.98	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	1.98	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	1.98	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	39.6	UJ
04/23/10	04/27/10	319-84-6	alpha-BHC	2.09	UJ
04/23/10	04/27/10	959-98-8	Endosulfan I	2.09	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	2.09	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	2.09	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	2.09	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	2.09	UJ
04/23/10	04/27/10	309-00-2	Aldrin	2.09	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	2.09	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	2.09	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	2.09	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	2.09	UJ

04/23/10	04/27/10	33213-65-9	Endosulfan II	2.09	UJ
04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	2.09	UJ
04/23/10	04/27/10	72-20-8	Endrin	2.09	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	2.09	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	2.09	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	2.09	UJ
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	2.09	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	2.09	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	2.09	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	41.7	UJ
04/23/10	04/27/10	319-84-6	alpha-BHC	2.09	UJ
04/23/10	04/27/10	959-98-8	Endosulfan I	2.09	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	2.09	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	2.09	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	2.09	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	2.09	UJ
04/23/10	04/27/10	309-00-2	Aldrin	2.09	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	2.09	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	2.09	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	2.09	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	2.09	UJ
04/23/10	04/27/10	33213-65-9	Endosulfan II	2.09	UJ
04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	2.09	UJ
04/23/10	04/27/10	72-20-8	Endrin	2.09	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	2.09	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	2.09	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	2.09	UJ
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	2.09	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	2.09	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	2.09	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	41.8	UJ
04/23/10	04/27/10	319-84-6	alpha-BHC	1.69	UJ
04/23/10	04/27/10	959-98-8	Endosulfan I	1.69	UJ
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	1.69	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	1.69	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	1.69	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	1.69	UJ
04/23/10	04/27/10	309-00-2	Aldrin	1.69	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	1.69	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	1.69	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	1.69	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	1.69	UJ
04/23/10	04/27/10	33213-65-9	Endosulfan II	1.69	UJ
04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	1.69	UJ
04/23/10	04/27/10	72-20-8	Endrin	1.69	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	1.69	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	1.69	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	1.69	UJ
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	1.69	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	1.69	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	1.69	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	33.8	UJ

04/23/10	04/27/10	319-84-6	alpha-BHC	1.82	UJ
04/23/10	04/27/10	959-98-8	Endosulfan I	1.82	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	8.49	J
04/23/10	04/27/10	1024-57-3	Heptachlor epoxide	1.82	UJ
04/23/10	04/27/10	72-54-8	4,4'-DDD	1.82	UJ
04/23/10	04/27/10	72-55-9	4,4'-DDE	1.82	UJ
04/23/10	04/27/10	50-29-3	4,4'-DDT	1.82	UJ
04/23/10	04/27/10	309-00-2	Aldrin	1.82	UJ
04/23/10	04/27/10	5103-71-9	alpha Chlordane	1.82	UJ
04/23/10	04/27/10	319-85-7	beta-BHC	1.82	UJ
04/23/10	04/27/10	319-86-8	delta-BHC	1.82	UJ
04/23/10	04/27/10	60-57-1	Dieldrin	1.82	UJ
04/23/10	04/27/10	33213-65-9	Endosulfan II	1.82	UJ
04/23/10	04/27/10	1031-07-8	Endosulfan sulfate	1.82	UJ
04/23/10	04/27/10	72-20-8	Endrin	1.82	UJ
04/23/10	04/27/10	7421-93-4	Endrin aldehyde	1.82	UJ
04/23/10	04/27/10	53494-70-5	Endrin ketone	1.82	UJ
04/23/10	04/27/10	5103-74-2	gamma Chlordane	11.6	J
04/23/10	04/27/10	58-89-9	gamma-BHC (Lindane)	1.82	UJ
04/23/10	04/27/10	76-44-8	Heptachlor	1.82	UJ
04/23/10	04/27/10	72-43-5	Methoxychlor	1.82	UJ
04/23/10	04/27/10	8001-35-2	Toxaphene	36.5	UJ
04/26/10	04/26/10	Ignit	Ignitability	77.0	>
04/26/10	04/26/10	Ignit	Ignitability	75.0	>
04/26/10	04/26/10	Ignit	Ignitability	75.0	>
04/26/10	04/26/10	Ignit	Ignitability	78.0	>
04/26/10	04/26/10	Ignit	Ignitability	74.0	>
04/26/10	04/26/10	Ignit	Ignitability	72.0	>
04/26/10	04/26/10	Ignit	Ignitability	75.0	>
04/26/10	04/26/10	Ignit	Ignitability	70.0	>
04/26/10	04/26/10	Ignit	Ignitability	72.0	>
04/26/10	04/26/10	Ignit	Ignitability	70.0	>
04/23/10	04/27/10	94-75-7	2,4-D	47.5	U
04/23/10	04/27/10	94-82-6	2,4-DB	47.5	U
04/23/10	04/27/10	93-76-5	2,4,5-T	4.75	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	3.56	U
04/23/10	04/27/10	75-99-0	Dalapon	119	U
04/23/10	04/27/10	1918-00-9	Dicamba	4.75	U
04/23/10	04/27/10	120-36-5	Dichloroprop	47.5	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	23.8	U
04/23/10	04/27/10	94-74-6	MCPA	4750	U
04/23/10	04/27/10	93-65-2	MCPP	4750	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	4.75	U
04/23/10	04/27/10	94-75-7	2,4-D	50.1	U
04/23/10	04/27/10	94-82-6	2,4-DB	50.1	U
04/23/10	04/27/10	93-76-5	2,4,5-T	5.01	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	3.76	U
04/23/10	04/27/10	75-99-0	Dalapon	125	U
04/23/10	04/27/10	1918-00-9	Dicamba	5.01	U
04/23/10	04/27/10	120-36-5	Dichloroprop	50.1	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	25.1	U
04/23/10	04/27/10	94-74-6	MCPA	5010	U

04/23/10	04/27/10	93-65-2	MCPP	5010	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	5.01	U
04/23/10	04/27/10	94-75-7	2,4-D	53.3	U
04/23/10	04/27/10	94-82-6	2,4-DB	53.3	U
04/23/10	04/27/10	93-76-5	2,4,5-T	5.33	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	4.00	U
04/23/10	04/27/10	75-99-0	Dalapon	133	U
04/23/10	04/27/10	1918-00-9	Dicamba	5.33	U
04/23/10	04/27/10	120-36-5	Dichloroprop	53.3	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	26.7	U
04/23/10	04/27/10	94-74-6	MCPA	5330	U
04/23/10	04/27/10	93-65-2	MCPP	5330	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	5.33	U
04/23/10	04/27/10	94-75-7	2,4-D	49.4	U
04/23/10	04/27/10	94-82-6	2,4-DB	49.4	U
04/23/10	04/27/10	93-76-5	2,4,5-T	4.94	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	3.70	U
04/23/10	04/27/10	75-99-0	Dalapon	123	U
04/23/10	04/27/10	1918-00-9	Dicamba	4.94	U
04/23/10	04/27/10	120-36-5	Dichloroprop	49.4	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	24.7	U
04/23/10	04/27/10	94-74-6	MCPA	4940	U
04/23/10	04/27/10	93-65-2	MCPP	4940	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	4.94	U
04/23/10	04/27/10	94-75-7	2,4-D	49.8	U
04/23/10	04/27/10	94-82-6	2,4-DB	49.8	U
04/23/10	04/27/10	93-76-5	2,4,5-T	4.98	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	3.73	U
04/23/10	04/27/10	75-99-0	Dalapon	124	U
04/23/10	04/27/10	1918-00-9	Dicamba	4.98	U
04/23/10	04/27/10	120-36-5	Dichloroprop	49.8	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	24.9	U
04/23/10	04/27/10	94-74-6	MCPA	4980	U
04/23/10	04/27/10	93-65-2	MCPP	4980	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	4.98	U
04/23/10	04/27/10	94-75-7	2,4-D	43.3	U
04/23/10	04/27/10	94-82-6	2,4-DB	43.3	U
04/23/10	04/27/10	93-76-5	2,4,5-T	4.33	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	3.24	U
04/23/10	04/27/10	75-99-0	Dalapon	108	U
04/23/10	04/27/10	1918-00-9	Dicamba	4.33	U
04/23/10	04/27/10	120-36-5	Dichloroprop	43.3	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	21.6	U
04/23/10	04/27/10	94-74-6	MCPA	4330	U
04/23/10	04/27/10	93-65-2	MCPP	4330	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	4.33	U
04/23/10	04/27/10	94-75-7	2,4-D	45.3	U
04/23/10	04/27/10	94-82-6	2,4-DB	45.3	U
04/23/10	04/27/10	93-76-5	2,4,5-T	4.53	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	3.40	U
04/23/10	04/27/10	75-99-0	Dalapon	113	U
04/23/10	04/27/10	1918-00-9	Dicamba	4.53	U

04/23/10	04/27/10	120-36-5	Dichloroprop	45.3	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	22.7	U
04/23/10	04/27/10	94-74-6	MCPA	4530	U
04/23/10	04/27/10	93-65-2	MCPP	4530	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	4.53	U
04/23/10	04/27/10	94-75-7	2,4-D	52.9	U
04/23/10	04/27/10	94-82-6	2,4-DB	52.9	U
04/23/10	04/27/10	93-76-5	2,4,5-T	5.29	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	3.97	U
04/23/10	04/27/10	75-99-0	Dalapon	132	U
04/23/10	04/27/10	1918-00-9	Dicamba	5.29	U
04/23/10	04/27/10	120-36-5	Dichloroprop	52.9	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	26.5	U
04/23/10	04/27/10	94-74-6	MCPA	5290	U
04/23/10	04/27/10	93-65-2	MCPP	5290	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	5.29	U
04/23/10	04/27/10	94-75-7	2,4-D	39.0	U
04/23/10	04/27/10	94-82-6	2,4-DB	39.0	U
04/23/10	04/27/10	93-76-5	2,4,5-T	3.90	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	2.93	U
04/23/10	04/27/10	75-99-0	Dalapon	97.6	U
04/23/10	04/27/10	1918-00-9	Dicamba	3.90	U
04/23/10	04/27/10	120-36-5	Dichloroprop	39.0	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	19.5	U
04/23/10	04/27/10	94-74-6	MCPA	3900	U
04/23/10	04/27/10	93-65-2	MCPP	3900	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	3.90	U
04/23/10	04/27/10	94-75-7	2,4-D	43.0	U
04/23/10	04/27/10	94-82-6	2,4-DB	43.0	U
04/23/10	04/27/10	93-76-5	2,4,5-T	4.30	U
04/23/10	04/27/10	93-72-1	2,4,5-TP (Silvex)	3.23	U
04/23/10	04/27/10	75-99-0	Dalapon	108	U
04/23/10	04/27/10	1918-00-9	Dicamba	4.30	U
04/23/10	04/27/10	120-36-5	Dichloroprop	43.0	UQ
04/23/10	04/27/10	88-85-7	Dinoseb	21.5	U
04/23/10	04/27/10	94-74-6	MCPA	2250	J
04/23/10	04/27/10	93-65-2	MCPP	4300	U
04/23/10	04/27/10	87-86-5	Pentachlorophenol	4.30	U
04/23/10	04/27/10	94-74-6	MCPA	168000	P
04/28/10	04/28/10	18496-25-8	Reactivity, Sulfide	100	U
04/28/10	04/28/10	18496-25-8	Reactivity, Sulfide	100	U
04/28/10	04/28/10	18496-25-8	Reactivity, Sulfide	100	U
04/28/10	04/28/10	18496-25-8	Reactivity, Sulfide	100	U
04/28/10	04/28/10	18496-25-8	Reactivity, Sulfide	100	U
04/28/10	04/28/10	18496-25-8	Reactivity, Sulfide	100	U
04/28/10	04/28/10	18496-25-8	Reactivity, Sulfide	100	U
04/28/10	04/28/10	18496-25-8	Reactivity, Sulfide	100	U
04/28/10	04/28/10	18496-25-8	Reactivity, Sulfide	100	U
04/26/10	04/27/10	99-35-4	1,3,5-Trinitrobenzene	0.248	U
04/26/10	04/27/10	99-65-0	1,3-Dinitrobenzene	0.248	U
04/26/10	04/27/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U

04/26/10	04/27/10	121-14-2	2,4-Dinitrotoluene	0.248	U
04/26/10	04/27/10	606-20-2	2,6-Dinitrotoluene	0.248	U
04/26/10	04/27/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	UQ
04/26/10	04/27/10	88-72-2	2-Nitrotoluene	0.248	U
04/26/10	04/27/10	99-08-1	3-Nitrotoluene	0.248	U
04/26/10	04/27/10	99-99-0	4-Nitrotoluene	0.248	U
04/26/10	04/27/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
04/26/10	04/27/10	2691-41-0	HMX	0.248	U
04/26/10	04/27/10	98-95-3	Nitrobenzene	0.248	U
04/26/10	04/27/10	121-82-4	RDX	0.248	U
04/26/10	04/27/10	479-45-8	Tetryl	0.248	U
04/26/10	04/27/10	55-63-0	Nitroglycerin	0.248	U
04/26/10	04/29/10	78-11-5	PETN	0.248	U
04/26/10	04/27/10	99-35-4	1,3,5-Trinitrobenzene	0.176	J
04/26/10	04/27/10	99-65-0	1,3-Dinitrobenzene	0.238	U
04/26/10	04/27/10	118-96-7	2,4,6-Trinitrotoluene	4.78	
04/26/10	04/27/10	121-14-2	2,4-Dinitrotoluene	0.536	
04/26/10	04/27/10	606-20-2	2,6-Dinitrotoluene	0.238	U
04/26/10	04/27/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.912	Q
04/26/10	04/27/10	88-72-2	2-Nitrotoluene	0.238	U
04/26/10	04/27/10	99-08-1	3-Nitrotoluene	0.238	U
04/26/10	04/27/10	99-99-0	4-Nitrotoluene	0.238	U
04/26/10	04/27/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.613	
04/26/10	04/27/10	2691-41-0	HMX	0.238	U
04/26/10	04/27/10	98-95-3	Nitrobenzene	0.238	U
04/26/10	04/27/10	121-82-4	RDX	0.238	U
04/26/10	04/27/10	479-45-8	Tetryl	0.238	U
04/26/10	04/27/10	55-63-0	Nitroglycerin	6.59	
04/26/10	04/29/10	78-11-5	PETN	0.238	U
04/26/10	04/30/10	99-35-4	1,3,5-Trinitrobenzene	0.671	J
04/26/10	04/30/10	99-65-0	1,3-Dinitrobenzene	0.238	UJ
04/26/10	04/30/10	118-96-7	2,4,6-Trinitrotoluene	5.33	J
04/26/10	04/30/10	121-14-2	2,4-Dinitrotoluene	0.541	J
04/26/10	04/30/10	606-20-2	2,6-Dinitrotoluene	0.238	UJ
04/26/10	04/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.736	J
04/26/10	04/30/10	88-72-2	2-Nitrotoluene	0.238	UJ
04/26/10	04/30/10	99-08-1	3-Nitrotoluene	0.238	UJ
04/26/10	04/30/10	99-99-0	4-Nitrotoluene	0.238	UJ
04/26/10	04/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.527	J
04/26/10	04/30/10	2691-41-0	HMX	0.238	UJ
04/26/10	04/30/10	98-95-3	Nitrobenzene	0.238	UJ
04/26/10	04/30/10	121-82-4	RDX	0.238	UJ
04/26/10	04/30/10	479-45-8	Tetryl	0.238	UJ
04/26/10	04/27/10	99-35-4	1,3,5-Trinitrobenzene	0.239	U
04/26/10	04/27/10	99-65-0	1,3-Dinitrobenzene	0.239	U
04/26/10	04/27/10	118-96-7	2,4,6-Trinitrotoluene	0.239	U
04/26/10	04/27/10	121-14-2	2,4-Dinitrotoluene	0.239	U
04/26/10	04/27/10	606-20-2	2,6-Dinitrotoluene	0.239	U
04/26/10	04/27/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.239	UQ
04/26/10	04/27/10	88-72-2	2-Nitrotoluene	0.239	U
04/26/10	04/27/10	99-08-1	3-Nitrotoluene	0.239	U
04/26/10	04/27/10	99-99-0	4-Nitrotoluene	0.239	U

04/26/10	04/27/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.239	U
04/26/10	04/27/10	2691-41-0	HMX	0.239	U
04/26/10	04/27/10	98-95-3	Nitrobenzene	0.239	U
04/26/10	04/27/10	121-82-4	RDX	0.239	U
04/26/10	04/27/10	479-45-8	Tetryl	0.239	U
04/26/10	04/27/10	55-63-0	Nitroglycerin	0.239	U
04/26/10	04/29/10	78-11-5	PETN	0.239	U
04/26/10	04/28/10	99-35-4	1,3,5-Trinitrobenzene	0.244	U
04/26/10	04/28/10	99-65-0	1,3-Dinitrobenzene	0.244	U
04/26/10	04/28/10	118-96-7	2,4,6-Trinitrotoluene	0.244	U
04/26/10	04/28/10	121-14-2	2,4-Dinitrotoluene	0.244	U
04/26/10	04/28/10	606-20-2	2,6-Dinitrotoluene	0.244	U
04/26/10	04/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.244	UQ
04/26/10	04/28/10	88-72-2	2-Nitrotoluene	0.244	U
04/26/10	04/28/10	99-08-1	3-Nitrotoluene	0.244	U
04/26/10	04/28/10	99-99-0	4-Nitrotoluene	0.244	U
04/26/10	04/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.244	U
04/26/10	04/28/10	2691-41-0	HMX	0.244	U
04/26/10	04/28/10	98-95-3	Nitrobenzene	0.244	U
04/26/10	04/28/10	121-82-4	RDX	0.244	U
04/26/10	04/28/10	479-45-8	Tetryl	0.244	U
04/26/10	04/28/10	55-63-0	Nitroglycerin	0.244	U
04/26/10	04/29/10	78-11-5	PETN	0.244	U
04/26/10	04/28/10	99-35-4	1,3,5-Trinitrobenzene	0.242	U
04/26/10	04/28/10	99-65-0	1,3-Dinitrobenzene	0.242	U
04/26/10	04/28/10	118-96-7	2,4,6-Trinitrotoluene	2.19	
04/26/10	04/28/10	121-14-2	2,4-Dinitrotoluene	0.242	U
04/26/10	04/28/10	606-20-2	2,6-Dinitrotoluene	0.242	U
04/26/10	04/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.242	UQ
04/26/10	04/28/10	88-72-2	2-Nitrotoluene	0.242	U
04/26/10	04/28/10	99-08-1	3-Nitrotoluene	0.242	U
04/26/10	04/28/10	99-99-0	4-Nitrotoluene	0.242	U
04/26/10	04/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.242	U
04/26/10	04/28/10	2691-41-0	HMX	0.242	U
04/26/10	04/28/10	98-95-3	Nitrobenzene	0.242	U
04/26/10	04/28/10	121-82-4	RDX	0.242	U
04/26/10	04/28/10	479-45-8	Tetryl	0.242	U
04/26/10	04/28/10	55-63-0	Nitroglycerin	0.242	U
04/26/10	04/29/10	78-11-5	PETN	0.242	U
04/26/10	04/30/10	99-35-4	1,3,5-Trinitrobenzene	0.242	UJ
04/26/10	04/30/10	99-65-0	1,3-Dinitrobenzene	0.242	UJ
04/26/10	04/30/10	118-96-7	2,4,6-Trinitrotoluene	2.48	J
04/26/10	04/30/10	121-14-2	2,4-Dinitrotoluene	0.242	UJ
04/26/10	04/30/10	606-20-2	2,6-Dinitrotoluene	0.242	UJ
04/26/10	04/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.242	UJ
04/26/10	04/30/10	88-72-2	2-Nitrotoluene	0.242	UJ
04/26/10	04/30/10	99-08-1	3-Nitrotoluene	0.242	UJ
04/26/10	04/30/10	99-99-0	4-Nitrotoluene	0.242	UJ
04/26/10	04/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.242	UJ
04/26/10	04/30/10	2691-41-0	HMX	0.242	UJ
04/26/10	04/30/10	98-95-3	Nitrobenzene	0.242	UJ
04/26/10	04/30/10	121-82-4	RDX	0.242	UJ

04/26/10	04/30/10	479-45-8	Tetryl	0.242	UJ
04/26/10	04/28/10	99-35-4	1,3,5-Trinitrobenzene	0.250	U
04/26/10	04/28/10	99-65-0	1,3-Dinitrobenzene	0.250	U
04/26/10	04/28/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
04/26/10	04/28/10	121-14-2	2,4-Dinitrotoluene	0.250	U
04/26/10	04/28/10	606-20-2	2,6-Dinitrotoluene	0.250	U
04/26/10	04/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	UQ
04/26/10	04/28/10	88-72-2	2-Nitrotoluene	0.250	U
04/26/10	04/28/10	99-08-1	3-Nitrotoluene	0.250	U
04/26/10	04/28/10	99-99-0	4-Nitrotoluene	0.250	U
04/26/10	04/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
04/26/10	04/28/10	2691-41-0	HMX	0.250	U
04/26/10	04/28/10	98-95-3	Nitrobenzene	0.250	U
04/26/10	04/28/10	121-82-4	RDX	0.250	U
04/26/10	04/28/10	479-45-8	Tetryl	0.250	U
04/26/10	04/28/10	55-63-0	Nitroglycerin	0.250	U
04/26/10	04/29/10	78-11-5	PETN	0.250	U
04/26/10	04/28/10	99-35-4	1,3,5-Trinitrobenzene	0.247	U
04/26/10	04/28/10	99-65-0	1,3-Dinitrobenzene	0.247	U
04/26/10	04/28/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
04/26/10	04/28/10	121-14-2	2,4-Dinitrotoluene	0.247	U
04/26/10	04/28/10	606-20-2	2,6-Dinitrotoluene	0.247	U
04/26/10	04/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	UQ
04/26/10	04/28/10	88-72-2	2-Nitrotoluene	0.247	U
04/26/10	04/28/10	99-08-1	3-Nitrotoluene	0.247	U
04/26/10	04/28/10	99-99-0	4-Nitrotoluene	0.247	U
04/26/10	04/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
04/26/10	04/28/10	2691-41-0	HMX	0.247	U
04/26/10	04/28/10	98-95-3	Nitrobenzene	0.247	U
04/26/10	04/28/10	121-82-4	RDX	0.247	U
04/26/10	04/28/10	479-45-8	Tetryl	0.247	U
04/26/10	04/28/10	55-63-0	Nitroglycerin	0.247	U
04/26/10	04/29/10	78-11-5	PETN	0.247	U
04/26/10	04/28/10	99-35-4	1,3,5-Trinitrobenzene	0.237	U
04/26/10	04/28/10	99-65-0	1,3-Dinitrobenzene	0.237	U
04/26/10	04/28/10	118-96-7	2,4,6-Trinitrotoluene	0.237	U
04/26/10	04/28/10	121-14-2	2,4-Dinitrotoluene	0.237	U
04/26/10	04/28/10	606-20-2	2,6-Dinitrotoluene	0.237	U
04/26/10	04/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.237	UQ
04/26/10	04/28/10	88-72-2	2-Nitrotoluene	0.237	U
04/26/10	04/28/10	99-08-1	3-Nitrotoluene	0.237	U
04/26/10	04/28/10	99-99-0	4-Nitrotoluene	0.237	U
04/26/10	04/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.237	U
04/26/10	04/28/10	2691-41-0	HMX	0.237	U
04/26/10	04/28/10	98-95-3	Nitrobenzene	0.237	U
04/26/10	04/28/10	121-82-4	RDX	0.237	U
04/26/10	04/28/10	479-45-8	Tetryl	0.237	U
04/26/10	04/28/10	55-63-0	Nitroglycerin	0.237	U
04/26/10	04/29/10	78-11-5	PETN	0.247	
04/26/10	04/28/10	99-35-4	1,3,5-Trinitrobenzene	0.231	U
04/26/10	04/28/10	99-65-0	1,3-Dinitrobenzene	0.231	U
04/26/10	04/28/10	118-96-7	2,4,6-Trinitrotoluene	0.231	U

04/26/10	04/28/10	121-14-2	2,4-Dinitrotoluene	0.231	U
04/26/10	04/28/10	606-20-2	2,6-Dinitrotoluene	0.231	U
04/26/10	04/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.231	UQ
04/26/10	04/28/10	88-72-2	2-Nitrotoluene	0.231	U
04/26/10	04/28/10	99-08-1	3-Nitrotoluene	0.231	U
04/26/10	04/28/10	99-99-0	4-Nitrotoluene	0.231	U
04/26/10	04/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.231	U
04/26/10	04/28/10	2691-41-0	HMX	0.231	U
04/26/10	04/28/10	98-95-3	Nitrobenzene	0.231	U
04/26/10	04/28/10	121-82-4	RDX	0.231	U
04/26/10	04/28/10	479-45-8	Tetryl	0.231	U
04/26/10	04/28/10	55-63-0	Nitroglycerin	0.231	U
04/26/10	04/29/10	78-11-5	PETN	0.231	U
04/26/10	04/28/10	99-35-4	1,3,5-Trinitrobenzene	2.23	
04/26/10	04/28/10	99-65-0	1,3-Dinitrobenzene	0.250	U
04/26/10	04/28/10	118-96-7	2,4,6-Trinitrotoluene	237	J
04/26/10	04/28/10	121-14-2	2,4-Dinitrotoluene	3.30	
04/26/10	04/28/10	606-20-2	2,6-Dinitrotoluene	4.44	
04/26/10	04/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	4.39	Q
04/26/10	04/28/10	88-72-2	2-Nitrotoluene	0.376	
04/26/10	04/28/10	99-08-1	3-Nitrotoluene	0.250	U
04/26/10	04/28/10	99-99-0	4-Nitrotoluene	0.827	
04/26/10	04/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	6.48	
04/26/10	04/28/10	2691-41-0	HMX	4.44	
04/26/10	04/28/10	98-95-3	Nitrobenzene	0.250	U
04/26/10	04/28/10	121-82-4	RDX	0.671	
04/26/10	04/28/10	479-45-8	Tetryl	0.250	U
04/26/10	04/28/10	55-63-0	Nitroglycerin	0.250	U
04/26/10	04/29/10	78-11-5	PETN	0.250	U
04/26/10	04/30/10	99-35-4	1,3,5-Trinitrobenzene	3.81	J
04/26/10	04/30/10	99-65-0	1,3-Dinitrobenzene	0.250	UJ
04/26/10	04/30/10	118-96-7	2,4,6-Trinitrotoluene	270	J
04/26/10	04/30/10	121-14-2	2,4-Dinitrotoluene	3.25	J
04/26/10	04/30/10	606-20-2	2,6-Dinitrotoluene	3.84	J
04/26/10	04/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	4.74	J
04/26/10	04/30/10	88-72-2	2-Nitrotoluene	0.164	J
04/26/10	04/30/10	99-08-1	3-Nitrotoluene	0.250	UJ
04/26/10	04/30/10	99-99-0	4-Nitrotoluene	0.191	J
04/26/10	04/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	4.05	J
04/26/10	04/30/10	2691-41-0	HMX	4.63	J
04/26/10	04/30/10	98-95-3	Nitrobenzene	0.250	UJ
04/26/10	04/30/10	121-82-4	RDX	0.377	J
04/26/10	04/30/10	479-45-8	Tetryl	0.250	UJ
04/26/10	05/01/10	99-35-4	1,3,5-Trinitrobenzene	25.0	U
04/26/10	05/01/10	99-65-0	1,3-Dinitrobenzene	25.0	U
04/26/10	05/01/10	118-96-7	2,4,6-Trinitrotoluene	269	
04/26/10	05/01/10	121-14-2	2,4-Dinitrotoluene	25.0	U
04/26/10	05/01/10	606-20-2	2,6-Dinitrotoluene	25.0	U
04/26/10	05/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	25.0	U
04/26/10	05/01/10	88-72-2	2-Nitrotoluene	25.0	U
04/26/10	05/01/10	99-08-1	3-Nitrotoluene	25.0	U
04/26/10	05/01/10	99-99-0	4-Nitrotoluene	25.0	U

04/26/10	05/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	25.0	U
04/26/10	05/01/10	2691-41-0	HMX	25.0	U
04/26/10	05/01/10	98-95-3	Nitrobenzene	25.0	U
04/26/10	05/01/10	121-82-4	RDX	25.0	U
04/26/10	05/01/10	479-45-8	Tetryl	25.0	U
04/26/10	05/06/10	99-35-4	1,3,5-Trinitrobenzene	25.0	U
04/26/10	05/06/10	99-65-0	1,3-Dinitrobenzene	25.0	U
04/26/10	05/06/10	118-96-7	2,4,6-Trinitrotoluene	238	
04/26/10	05/06/10	121-14-2	2,4-Dinitrotoluene	25.0	U
04/26/10	05/06/10	606-20-2	2,6-Dinitrotoluene	25.0	U
04/26/10	05/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	25.0	U
04/26/10	05/06/10	88-72-2	2-Nitrotoluene	25.0	U
04/26/10	05/06/10	99-08-1	3-Nitrotoluene	25.0	U
04/26/10	05/06/10	99-99-0	4-Nitrotoluene	25.0	U
04/26/10	05/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	25.0	U
04/26/10	05/06/10	2691-41-0	HMX	25.0	U
04/26/10	05/06/10	98-95-3	Nitrobenzene	25.0	U
04/26/10	05/06/10	121-82-4	RDX	25.0	U
04/26/10	05/06/10	479-45-8	Tetryl	25.0	Q
04/26/10	05/06/10	55-63-0	Nitroglycerin	25.0	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	51.2	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	52.4	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	50.7	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	51.0	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	53.3	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	51.9	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	50.2	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	52.8	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	53.4	U
04/28/10	04/28/10	57-12-5	Reactivity, Cyanide	52.2	U
04/29/10	04/29/10	72-54-8	4,4'-DDD	1.96	UJ
04/29/10	04/29/10	72-55-9	4,4'-DDE	1.96	UJ
04/29/10	04/29/10	50-29-3	4,4'-DDT	1.96	UJ
04/29/10	04/29/10	309-00-2	Aldrin	1.96	UJ
04/29/10	04/29/10	5103-71-9	alpha Chlordane	1.96	UJ
04/29/10	04/29/10	319-84-6	alpha-BHC	1.96	UJ
04/29/10	04/29/10	319-85-7	beta-BHC	1.96	UJ
04/29/10	04/29/10	319-86-8	delta-BHC	1.96	UJ
04/29/10	04/29/10	60-57-1	Dieldrin	1.96	UJ
04/29/10	04/29/10	959-98-8	Endosulfan I	1.96	UJ
04/29/10	04/29/10	33213-65-9	Endosulfan II	1.96	UJ
04/29/10	04/29/10	1031-07-8	Endosulfan sulfate	1.96	UJ
04/29/10	04/29/10	72-20-8	Endrin	1.96	UJ
04/29/10	04/29/10	7421-93-4	Endrin aldehyde	1.96	UJ
04/29/10	04/29/10	53494-70-5	Endrin ketone	1.96	UJ
04/29/10	04/29/10	5103-74-2	gamma Chlordane	1.96	UJ
04/29/10	04/29/10	58-89-9	gamma-BHC (Lindane)	1.96	UJ
04/29/10	04/29/10	76-44-8	Heptachlor	1.96	UJ
04/29/10	04/29/10	1024-57-3	Heptachlor epoxide	1.96	UJ
04/29/10	04/29/10	72-43-5	Methoxychlor	1.96	UJ
04/29/10	04/29/10	8001-35-2	Toxaphene	39.2	UJ
04/29/10	04/29/10	72-54-8	4,4'-DDD	2.00	UJ

04/29/10	04/29/10	72-55-9	4,4'-DDE	2.00	UJ
04/29/10	04/29/10	50-29-3	4,4'-DDT	2.00	UJ
04/29/10	04/29/10	309-00-2	Aldrin	2.00	UJ
04/29/10	04/29/10	5103-71-9	alpha Chlordane	2.00	UJ
04/29/10	04/29/10	319-84-6	alpha-BHC	2.00	UJ
04/29/10	04/29/10	319-85-7	beta-BHC	2.00	UJ
04/29/10	04/29/10	319-86-8	delta-BHC	2.00	UJ
04/29/10	04/29/10	60-57-1	Dieldrin	2.00	UJ
04/29/10	04/29/10	959-98-8	Endosulfan I	2.00	UJ
04/29/10	04/29/10	33213-65-9	Endosulfan II	2.00	UJ
04/29/10	04/29/10	1031-07-8	Endosulfan sulfate	2.00	UJ
04/29/10	04/29/10	72-20-8	Endrin	2.00	UJ
04/29/10	04/29/10	7421-93-4	Endrin aldehyde	2.00	UJ
04/29/10	04/29/10	53494-70-5	Endrin ketone	2.00	UJ
04/29/10	04/29/10	5103-74-2	gamma Chlordane	2.00	UJ
04/29/10	04/29/10	58-89-9	gamma-BHC (Lindane)	2.00	UJ
04/29/10	04/29/10	76-44-8	Heptachlor	2.00	UJ
04/29/10	04/29/10	1024-57-3	Heptachlor epoxide	2.00	UJ
04/29/10	04/29/10	72-43-5	Methoxychlor	2.00	UJ
04/29/10	04/29/10	8001-35-2	Toxaphene	39.9	UJ
05/10/10	05/13/10	7439-92-1	Lead, Total	6.61	
05/11/10	05/13/10	60-57-1	Dieldrin	2.12	UJ
05/11/10	05/13/10	1024-57-3	Heptachlor epoxide	2.12	UJ
05/12/10	05/14/10	99-65-0	1,3-Dinitrobenzene	0.250	U
05/12/10	05/14/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
05/12/10	05/14/10	121-14-2	2,4-Dinitrotoluene	0.250	U
05/12/10	05/14/10	606-20-2	2,6-Dinitrotoluene	0.250	U
05/12/10	05/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
05/12/10	05/14/10	88-72-2	2-Nitrotoluene	0.250	U
05/12/10	05/14/10	99-99-0	4-Nitrotoluene	0.250	U
05/12/10	05/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
05/12/10	05/14/10	121-82-4	RDX	0.250	U
05/12/10	05/14/10	55-63-0	Nitroglycerin	0.250	U
05/17/10	05/17/10	11097-69-1	Aroclor-1254	0.0200	U
06/03/10	06/04/10	95-48-7	o-Cresol	50	UJ
06/03/10	06/04/10	106-44-5	m-,p-Cresol	50	UJ
06/03/10	06/04/10	106-46-7	1,4-Dichlorobenzene	50	UJ
06/03/10	06/04/10	121-14-2	2,4-Dinitrotoluene	50	UJ
06/03/10	06/04/10	118-74-1	Hexachlorobenzene	50	UJ
06/03/10	06/04/10	87-68-3	Hexachlorobutadiene	50	UJ
06/03/10	06/04/10	67-72-1	Hexachloroethane	50	UJ
06/03/10	06/04/10	98-95-3	Nitrobenzene	50	UJ
06/03/10	06/04/10	87-86-5	Pentachlorophenol	250	UJ
06/03/10	06/04/10	110-86-1	Pyridine	250	UJ
06/03/10	06/04/10	95-95-4	2,4,5-Trichlorophenol	50	UJ
06/03/10	06/04/10	88-06-2	2,4,6-Trichlorophenol	50	UJ
06/02/10	06/02/10	7439-92-1	Lead, Total	52.1	
06/02/10	06/02/10	7439-92-1	Lead, Total	37.4	
06/02/10	06/02/10	7439-92-1	Lead, Total	29.5	
06/02/10	06/02/10	7439-92-1	Lead, Total	23.1	
06/02/10	06/03/10	7439-92-1	Lead, Total	5.10	
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.91	UJ

06/02/10	06/02/10	60-57-1	Dieldrin	3.82	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.81	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.62	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.92	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.84	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.99	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.98	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.93	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.86	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.78	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.56	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.78	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.57	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.90	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.80	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.78	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.55	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.80	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.60	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	1.88	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	3.75	UJ
06/02/10	06/02/10	1024-57-3	Heptachlor epoxide	2.25	UJ
06/02/10	06/02/10	60-57-1	Dieldrin	4.50	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.80	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.60	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.79	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.58	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.93	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.85	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.76	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.52	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.85	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.69	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	2.01	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	4.02	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.99	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.99	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.81	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.62	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.85	U
06/02/10	06/03/10	60-57-1	Dieldrin	3.70	U
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.95	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.90	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.85	U
06/02/10	06/03/10	60-57-1	Dieldrin	3.70	U
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.90	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.79	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.83	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.66	UJ
06/02/10	06/03/10	1024-57-3	Heptachlor epoxide	1.93	UJ
06/02/10	06/03/10	60-57-1	Dieldrin	3.87	UJ
06/02/10	06/04/10	1024-57-3	Heptachlor epoxide	2.35	UJ

06/02/10	06/04/10	60-57-1	Dieldrin	4.69	UJ
06/02/10	06/04/10	1024-57-3	Heptachlor epoxide	2.18	U
06/02/10	06/04/10	60-57-1	Dieldrin	4.37	U
06/02/10	06/04/10	1024-57-3	Heptachlor epoxide	1.96	U
06/02/10	06/04/10	60-57-1	Dieldrin	3.92	U
06/02/10	06/04/10	1024-57-3	Heptachlor epoxide	2.21	U
06/02/10	06/04/10	60-57-1	Dieldrin	4.43	U
06/02/10	06/04/10	1024-57-3	Heptachlor epoxide	2.38	U
06/02/10	06/04/10	60-57-1	Dieldrin	4.75	U
06/01/10	06/03/10	7439-92-1	Lead, Total	12.6	
06/01/10	06/03/10	7439-92-1	Lead, Total	7.93	
06/01/10	06/03/10	7439-92-1	Lead, Total	5.74	
06/01/10	06/03/10	7439-92-1	Lead, Total	8.31	
06/01/10	06/03/10	7439-92-1	Lead, Total	29.5	
06/01/10	06/03/10	7439-92-1	Lead, Total	6.07	
06/01/10	06/03/10	7439-92-1	Lead, Total	4.73	
06/01/10	06/03/10	7439-92-1	Lead, Total	3.99	
06/01/10	06/03/10	7439-92-1	Lead, Total	10.6	
06/01/10	06/03/10	7439-92-1	Lead, Total	10.9	
06/01/10	06/03/10	7439-92-1	Lead, Total	56.1	
06/01/10	06/03/10	7439-92-1	Lead, Total	10.7	
06/01/10	06/03/10	7439-92-1	Lead, Total	49.6	
06/01/10	06/03/10	7439-92-1	Lead, Total	60.2	
06/01/10	06/03/10	7439-92-1	Lead, Total	29.0	
06/01/10	06/03/10	7439-92-1	Lead, Total	18.0	
06/01/10	06/03/10	7439-92-1	Lead, Total	20.6	
06/01/10	06/03/10	7439-92-1	Lead, Total	11.3	
06/01/10	06/03/10	7439-92-1	Lead, Total	6.33	
06/01/10	06/03/10	7439-92-1	Lead, Total	7.42	
06/02/10	06/03/10	7439-92-1	Lead, Total	56.1	
06/02/10	06/03/10	7439-92-1	Lead, Total	16.6	
06/02/10	06/03/10	7439-92-1	Lead, Total	11.3	
06/02/10	06/03/10	7439-92-1	Lead, Total	8.50	
06/02/10	06/03/10	7439-92-1	Lead, Total	6.11	
06/02/10	06/03/10	7439-92-1	Lead, Total	27.0	
06/02/10	06/03/10	7439-92-1	Lead, Total	12.4	
06/02/10	06/03/10	7439-92-1	Lead, Total	10.4	
06/02/10	06/03/10	7439-92-1	Lead, Total	10.5	
06/02/10	06/03/10	7439-92-1	Lead, Total	246	
06/02/10	06/03/10	7439-92-1	Lead, Total	28.9	
06/02/10	06/03/10	7439-92-1	Lead, Total	91.1	
06/02/10	06/03/10	7439-92-1	Lead, Total	10.3	
06/02/10	06/03/10	7439-92-1	Lead, Total	99.8	
06/02/10	06/03/10	7439-92-1	Lead, Total	5.99	
06/02/10	06/03/10	7439-92-1	Lead, Total	6.50	
06/02/10	06/03/10	7439-92-1	Lead, Total	5.33	
06/02/10	06/03/10	7439-92-1	Lead, Total	15.0	
06/02/10	06/03/10	7439-92-1	Lead, Total	17.0	
06/02/10	06/03/10	7439-92-1	Lead, Total	199	
06/03/10	06/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/04/10	121-14-2	2,4-Dinitrotoluene	0.106	J
06/03/10	06/04/10	606-20-2	2,6-Dinitrotoluene	0.250	U

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06/03/10	06/04/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/04/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	121-82-4	RDX	0.250	U
06/03/10	06/04/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/04/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/04/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/04/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/03/10	06/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/04/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	121-82-4	RDX	0.250	U
06/03/10	06/04/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/04/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/04/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/04/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/03/10	06/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/04/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	121-82-4	RDX	0.250	U
06/03/10	06/04/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/04/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/04/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/04/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/03/10	06/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/04/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	121-82-4	RDX	0.250	U
06/03/10	06/04/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/04/10	121-14-2	2,4-Dinitrotoluene	0.184	J
06/03/10	06/04/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/04/10	118-96-7	2,4,6-Trinitrotoluene	0.891	
06/03/10	06/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/04/10	99-99-0	4-Nitrotoluene	0.250	

06/03/10	06/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.161	J
06/03/10	06/04/10	121-82-4	RDX	0.250	U
06/03/10	06/04/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/04/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/04/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/04/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/03/10	06/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/04/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/04/10	121-82-4	RDX	0.250	U
06/03/10	06/04/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/05/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/05/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/05/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/03/10	06/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/05/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	121-82-4	RDX	0.250	U
06/03/10	06/05/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/05/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/05/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/05/10	118-96-7	2,4,6-Trinitrotoluene	0.188	J
06/03/10	06/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/05/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	121-82-4	RDX	0.250	U
06/03/10	06/05/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/05/10	121-14-2	2,4-Dinitrotoluene	0.267	
06/03/10	06/05/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/05/10	118-96-7	2,4,6-Trinitrotoluene	0.134	J
06/03/10	06/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/05/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	121-82-4	RDX	0.250	U
06/03/10	06/05/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/05/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/05/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/05/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/03/10	06/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/05/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	121-82-4	RDX	0.250	U

06/03/10	06/05/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/05/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/05/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/05/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/03/10	06/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/05/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	121-82-4	RDX	0.250	U
06/03/10	06/05/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/05/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/05/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/05/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/03/10	06/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/05/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	121-82-4	RDX	0.250	U
06/03/10	06/05/10	55-63-0	Nitroglycerin	0.250	U
06/03/10	06/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/05/10	121-14-2	2,4-Dinitrotoluene	0.584	M
06/03/10	06/05/10	606-20-2	2,6-Dinitrotoluene	1.07	M
06/03/10	06/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.253	M
06/03/10	06/05/10	88-72-2	2-Nitrotoluene	0.250	UM
06/03/10	06/05/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.470	
06/03/10	06/05/10	121-82-4	RDX	0.255	
06/03/10	06/05/10	55-63-0	Nitroglycerin	0.250	UM
06/03/10	06/05/10	118-96-7	2,4,6-Trinitrotoluene	13.4	J
06/03/10	06/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/03/10	06/05/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/03/10	06/05/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/03/10	06/05/10	118-96-7	2,4,6-Trinitrotoluene	0.780	
06/03/10	06/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	88-72-2	2-Nitrotoluene	0.250	U
06/03/10	06/05/10	99-99-0	4-Nitrotoluene	0.250	U
06/03/10	06/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/03/10	06/05/10	121-82-4	RDX	0.250	U
06/03/10	06/05/10	55-63-0	Nitroglycerin	0.250	U
06/04/10	06/08/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/04/10	06/08/10	121-14-2	2,4-Dinitrotoluene	1.39	
06/04/10	06/08/10	606-20-2	2,6-Dinitrotoluene	1.18	
06/04/10	06/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.552	
06/04/10	06/08/10	88-72-2	2-Nitrotoluene	0.162	J
06/04/10	06/08/10	99-99-0	4-Nitrotoluene	0.249	U
06/04/10	06/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.839	
06/04/10	06/08/10	121-82-4	RDX	0.357	
06/04/10	06/08/10	55-63-0	Nitroglycerin	0.684	
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	23.7	J
06/04/10	06/08/10	99-65-0	1,3-Dinitrobenzene	0.250	U

06/04/10	06/08/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/04/10	06/08/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/04/10	06/08/10	118-96-7	2,4,6-Trinitrotoluene	4.30	
06/04/10	06/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/04/10	06/08/10	88-72-2	2-Nitrotoluene	0.250	U
06/04/10	06/08/10	99-99-0	4-Nitrotoluene	0.250	U
06/04/10	06/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/04/10	06/08/10	121-82-4	RDX	0.250	U
06/04/10	06/08/10	55-63-0	Nitroglycerin	0.250	U
06/04/10	06/08/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/04/10	06/08/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/04/10	06/08/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/04/10	06/08/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/04/10	06/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/04/10	06/08/10	88-72-2	2-Nitrotoluene	0.250	U
06/04/10	06/08/10	99-99-0	4-Nitrotoluene	0.250	U
06/04/10	06/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/04/10	06/08/10	121-82-4	RDX	0.250	U
06/04/10	06/08/10	55-63-0	Nitroglycerin	0.250	U
06/04/10	06/08/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/04/10	06/08/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/04/10	06/08/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/04/10	06/08/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
06/04/10	06/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/04/10	06/08/10	88-72-2	2-Nitrotoluene	0.249	U
06/04/10	06/08/10	99-99-0	4-Nitrotoluene	0.249	U
06/04/10	06/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/04/10	06/08/10	121-82-4	RDX	0.249	U
06/04/10	06/08/10	55-63-0	Nitroglycerin	0.249	U
06/04/10	06/08/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/04/10	06/08/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/04/10	06/08/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/04/10	06/08/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
06/04/10	06/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/04/10	06/08/10	88-72-2	2-Nitrotoluene	0.249	U
06/04/10	06/08/10	99-99-0	4-Nitrotoluene	0.249	U
06/04/10	06/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/04/10	06/08/10	121-82-4	RDX	0.249	U
06/04/10	06/08/10	55-63-0	Nitroglycerin	0.249	U
06/04/10	06/08/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/04/10	06/08/10	121-14-2	2,4-Dinitrotoluene	0.248	U
06/04/10	06/08/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/04/10	06/08/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
06/04/10	06/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/04/10	06/08/10	88-72-2	2-Nitrotoluene	0.248	U
06/04/10	06/08/10	99-99-0	4-Nitrotoluene	0.248	U
06/04/10	06/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/04/10	06/08/10	121-82-4	RDX	0.248	U
06/04/10	06/08/10	55-63-0	Nitroglycerin	0.248	U
06/04/10	06/08/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/04/10	06/08/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/04/10	06/08/10	606-20-2	2,6-Dinitrotoluene	0.245	U

06/04/10	06/08/10	118-96-7	2,4,6-Trinitrotoluene	0.178	J
06/04/10	06/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/04/10	06/08/10	88-72-2	2-Nitrotoluene	0.245	U
06/04/10	06/08/10	99-99-0	4-Nitrotoluene	0.245	U
06/04/10	06/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/04/10	06/08/10	121-82-4	RDX	0.245	U
06/04/10	06/08/10	55-63-0	Nitroglycerin	0.245	U
06/04/10	06/08/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/04/10	06/08/10	121-14-2	2,4-Dinitrotoluene	0.251	U
06/04/10	06/08/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/04/10	06/08/10	118-96-7	2,4,6-Trinitrotoluene	0.251	U
06/04/10	06/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	U
06/04/10	06/08/10	88-72-2	2-Nitrotoluene	0.251	U
06/04/10	06/08/10	99-99-0	4-Nitrotoluene	0.251	U
06/04/10	06/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U
06/04/10	06/08/10	121-82-4	RDX	0.251	U
06/04/10	06/08/10	55-63-0	Nitroglycerin	0.251	U
06/04/10	06/08/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/04/10	06/08/10	121-14-2	2,4-Dinitrotoluene	0.248	U
06/04/10	06/08/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/04/10	06/08/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
06/04/10	06/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/04/10	06/08/10	88-72-2	2-Nitrotoluene	0.248	U
06/04/10	06/08/10	99-99-0	4-Nitrotoluene	0.248	U
06/04/10	06/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/04/10	06/08/10	121-82-4	RDX	0.248	U
06/04/10	06/08/10	55-63-0	Nitroglycerin	0.248	U
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	387	
06/04/10	06/10/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/04/10	06/10/10	121-14-2	2,4-Dinitrotoluene	2.43	
06/04/10	06/10/10	606-20-2	2,6-Dinitrotoluene	2.39	
06/04/10	06/10/10	118-96-7	2,4,6-Trinitrotoluene	385	J
06/04/10	06/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.34	
06/04/10	06/10/10	88-72-2	2-Nitrotoluene	0.734	
06/04/10	06/10/10	99-99-0	4-Nitrotoluene	0.845	
06/04/10	06/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.00	
06/04/10	06/10/10	121-82-4	RDX	2.01	
06/04/10	06/09/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	0.644	
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	0.390	
06/04/10	06/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.564	
06/04/10	06/09/10	88-72-2	2-Nitrotoluene	0.246	U
06/04/10	06/09/10	99-99-0	4-Nitrotoluene	0.246	U
06/04/10	06/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.717	
06/04/10	06/09/10	121-82-4	RDX	0.246	U
06/04/10	06/09/10	55-63-0	Nitroglycerin	4.90	
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	16.2	J
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	11.6	
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	116	
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	209	
06/04/10	06/10/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/04/10	06/10/10	118-96-7	2,4,6-Trinitrotoluene	211	J

06/04/10	06/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/04/10	06/10/10	88-72-2	2-Nitrotoluene	0.247	U
06/04/10	06/10/10	99-99-0	4-Nitrotoluene	0.247	U
06/04/10	06/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.347	
06/04/10	06/10/10	121-82-4	RDX	0.936	
06/04/10	06/09/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	3.86	
06/04/10	06/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/04/10	06/09/10	88-72-2	2-Nitrotoluene	0.246	U
06/04/10	06/09/10	99-99-0	4-Nitrotoluene	0.246	U
06/04/10	06/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.147	J
06/04/10	06/09/10	121-82-4	RDX	0.246	U
06/04/10	06/09/10	55-63-0	Nitroglycerin	0.292	
06/04/10	06/09/10	99-65-0	1,3-Dinitrobenzene	6.23	U
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	6.23	U
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	6.23	U
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	93.8	
06/04/10	06/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	6.23	U
06/04/10	06/09/10	88-72-2	2-Nitrotoluene	6.23	U
06/04/10	06/09/10	99-99-0	4-Nitrotoluene	6.23	U
06/04/10	06/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	6.23	U
06/04/10	06/09/10	121-82-4	RDX	6.23	U
06/04/10	06/09/10	55-63-0	Nitroglycerin	2.94	J
06/04/10	06/09/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/04/10	06/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/04/10	06/09/10	88-72-2	2-Nitrotoluene	0.246	U
06/04/10	06/09/10	99-99-0	4-Nitrotoluene	0.246	U
06/04/10	06/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/04/10	06/09/10	121-82-4	RDX	0.246	U
06/04/10	06/09/10	55-63-0	Nitroglycerin	0.246	U
06/04/10	06/09/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	0.251	U
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	0.251	U
06/04/10	06/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	U
06/04/10	06/09/10	88-72-2	2-Nitrotoluene	0.251	U
06/04/10	06/09/10	99-99-0	4-Nitrotoluene	0.251	U
06/04/10	06/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U
06/04/10	06/09/10	121-82-4	RDX	0.251	U
06/04/10	06/09/10	55-63-0	Nitroglycerin	0.251	U
06/04/10	06/09/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	0.248	U
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	0.172	J
06/04/10	06/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/04/10	06/09/10	88-72-2	2-Nitrotoluene	0.248	U
06/04/10	06/09/10	99-99-0	4-Nitrotoluene	0.248	U

06/04/10	06/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/04/10	06/09/10	121-82-4	RDX	0.248	U
06/04/10	06/09/10	55-63-0	Nitroglycerin	0.248	U
06/04/10	06/09/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	0.593	M
06/04/10	06/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/04/10	06/09/10	88-72-2	2-Nitrotoluene	0.250	U
06/04/10	06/09/10	99-99-0	4-Nitrotoluene	0.250	U
06/04/10	06/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/04/10	06/09/10	121-82-4	RDX	0.250	U
06/04/10	06/09/10	55-63-0	Nitroglycerin	0.250	U
06/04/10	06/09/10	99-65-0	1,3-Dinitrobenzene	0.252	U
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	0.209	J
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	0.252	U
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	0.649	
06/04/10	06/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.252	U
06/04/10	06/09/10	88-72-2	2-Nitrotoluene	0.252	U
06/04/10	06/09/10	99-99-0	4-Nitrotoluene	0.252	U
06/04/10	06/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	U
06/04/10	06/09/10	121-82-4	RDX	0.252	U
06/04/10	06/09/10	55-63-0	Nitroglycerin	0.252	U
06/04/10	06/09/10	606-20-2	2,6-Dinitrotoluene	59.1	
06/04/10	06/09/10	55-63-0	Nitroglycerin	2.48	U
06/04/10	06/09/10	121-14-2	2,4-Dinitrotoluene	129	
06/04/10	06/09/10	118-96-7	2,4,6-Trinitrotoluene	1300	
06/04/10	06/11/10	99-65-0	1,3-Dinitrobenzene	0.297	J
06/04/10	06/11/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/04/10	06/11/10	88-72-2	2-Nitrotoluene	0.248	UJ
06/04/10	06/11/10	99-99-0	4-Nitrotoluene	0.248	UJ
06/04/10	06/11/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.60	J
06/04/10	06/11/10	121-82-4	RDX	8.50	J
06/07/10	06/15/10	99-65-0	1,3-Dinitrobenzene	0.528	
06/07/10	06/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/07/10	06/15/10	88-72-2	2-Nitrotoluene	1.65	
06/07/10	06/15/10	99-99-0	4-Nitrotoluene	0.610	
06/07/10	06/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/07/10	06/15/10	121-82-4	RDX	6.95	
06/07/10	06/15/10	55-63-0	Nitroglycerin	0.691	
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	837	
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	176	
06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	66.4	
06/07/10	06/15/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/07/10	06/15/10	121-14-2	2,4-Dinitrotoluene	0.973	
06/07/10	06/15/10	606-20-2	2,6-Dinitrotoluene	1.23	
06/07/10	06/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.51	
06/07/10	06/15/10	88-72-2	2-Nitrotoluene	0.250	U
06/07/10	06/15/10	99-99-0	4-Nitrotoluene	0.250	U
06/07/10	06/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.58	
06/07/10	06/15/10	121-82-4	RDX	0.955	
06/07/10	06/15/10	55-63-0	Nitroglycerin	2.42	

06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	39.7	
06/07/10	06/15/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/07/10	06/15/10	121-14-2	2,4-Dinitrotoluene	0.110	J
06/07/10	06/15/10	606-20-2	2,6-Dinitrotoluene	0.249	
06/07/10	06/15/10	118-96-7	2,4,6-Trinitrotoluene	8.12	
06/07/10	06/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.348	
06/07/10	06/15/10	88-72-2	2-Nitrotoluene	0.248	U
06/07/10	06/15/10	99-99-0	4-Nitrotoluene	0.248	U
06/07/10	06/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.456	
06/07/10	06/15/10	121-82-4	RDX	0.213	J
06/07/10	06/15/10	55-63-0	Nitroglycerin	0.248	U
06/07/10	06/15/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/07/10	06/15/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/07/10	06/15/10	606-20-2	2,6-Dinitrotoluene	0.331	
06/07/10	06/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.270	
06/07/10	06/15/10	88-72-2	2-Nitrotoluene	0.247	U
06/07/10	06/15/10	99-99-0	4-Nitrotoluene	0.247	U
06/07/10	06/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.477	
06/07/10	06/15/10	121-82-4	RDX	0.247	U
06/07/10	06/15/10	55-63-0	Nitroglycerin	0.247	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	7.92	
06/07/10	06/15/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/07/10	06/15/10	121-14-2	2,4-Dinitrotoluene	0.251	U
06/07/10	06/15/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/07/10	06/15/10	118-96-7	2,4,6-Trinitrotoluene	0.251	U
06/07/10	06/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	U
06/07/10	06/15/10	88-72-2	2-Nitrotoluene	0.251	U
06/07/10	06/15/10	99-99-0	4-Nitrotoluene	0.251	U
06/07/10	06/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U
06/07/10	06/15/10	121-82-4	RDX	0.251	U
06/07/10	06/15/10	55-63-0	Nitroglycerin	0.251	U
06/08/10	06/18/10	1024-57-3	Heptachlor epoxide	9.57	U
06/08/10	06/18/10	60-57-1	Dieldrin	19.1	U
06/08/10	06/18/10	1024-57-3	Heptachlor epoxide	2.06	UJ
06/08/10	06/18/10	60-57-1	Dieldrin	4.11	UJ
06/08/10	06/18/10	1024-57-3	Heptachlor epoxide	1.96	UJ
06/08/10	06/18/10	60-57-1	Dieldrin	3.92	UJ
06/08/10	06/18/10	1024-57-3	Heptachlor epoxide	1.95	U
06/08/10	06/18/10	60-57-1	Dieldrin	3.91	U
06/08/10	06/18/10	1024-57-3	Heptachlor epoxide	1.90	UJ
06/08/10	06/18/10	60-57-1	Dieldrin	3.80	UJ
06/08/10	06/19/10	1024-57-3	Heptachlor epoxide	2.12	U
06/08/10	06/19/10	60-57-1	Dieldrin	4.24	U
06/08/10	06/19/10	1024-57-3	Heptachlor epoxide	1.87	UJ
06/08/10	06/19/10	60-57-1	Dieldrin	3.74	UJ
06/08/10	06/19/10	1024-57-3	Heptachlor epoxide	3.67	U
06/08/10	06/19/10	60-57-1	Dieldrin	7.34	U
06/08/10	06/17/10	1024-57-3	Heptachlor epoxide	1.86	UJ
06/08/10	06/17/10	60-57-1	Dieldrin	3.72	UJ
06/08/10	06/17/10	1024-57-3	Heptachlor epoxide	1.67	UJ
06/08/10	06/17/10	60-57-1	Dieldrin	3.34	UJ
06/08/10	06/17/10	1024-57-3	Heptachlor epoxide	1.83	UJ

06/08/10	06/17/10	60-57-1	Dieldrin	3.66	UJ
06/08/10	06/17/10	1024-57-3	Heptachlor epoxide	1.88	U
06/08/10	06/17/10	60-57-1	Dieldrin	3.76	U
06/08/10	06/17/10	1024-57-3	Heptachlor epoxide	1.95	U
06/08/10	06/17/10	60-57-1	Dieldrin	3.89	U
06/08/10	06/17/10	1024-57-3	Heptachlor epoxide	1.94	U
06/08/10	06/17/10	60-57-1	Dieldrin	3.88	U
06/04/10	06/07/10	7439-92-1	Lead, Total	112	
06/04/10	06/07/10	7439-92-1	Lead, Total	742	
06/04/10	06/07/10	7439-92-1	Lead, Total	12.7	
06/04/10	06/07/10	7439-92-1	Lead, Total	7.74	
06/04/10	06/07/10	7439-92-1	Lead, Total	6.86	
06/04/10	06/07/10	7439-92-1	Lead, Total	7.10	
06/04/10	06/07/10	7439-92-1	Lead, Total	22.2	
06/07/10	06/15/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/07/10	06/15/10	121-14-2	2,4-Dinitrotoluene	0.110	J
06/07/10	06/15/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/07/10	06/15/10	118-96-7	2,4,6-Trinitrotoluene	0.191	J
06/07/10	06/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/07/10	06/15/10	88-72-2	2-Nitrotoluene	0.246	U
06/07/10	06/15/10	99-99-0	4-Nitrotoluene	0.246	U
06/07/10	06/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/07/10	06/15/10	121-82-4	RDX	0.246	U
06/07/10	06/15/10	55-63-0	Nitroglycerin	0.246	U
06/07/10	06/20/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/07/10	06/20/10	121-14-2	2,4-Dinitrotoluene	0.161	J
06/07/10	06/20/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/07/10	06/20/10	118-96-7	2,4,6-Trinitrotoluene	0.197	J
06/07/10	06/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/07/10	06/20/10	88-72-2	2-Nitrotoluene	0.246	U
06/07/10	06/20/10	99-99-0	4-Nitrotoluene	0.246	U
06/07/10	06/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/07/10	06/20/10	121-82-4	RDX	0.246	U
06/07/10	06/20/10	55-63-0	Nitroglycerin	0.246	U
06/07/10	06/15/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/07/10	06/15/10	121-14-2	2,4-Dinitrotoluene	3.60	
06/07/10	06/15/10	606-20-2	2,6-Dinitrotoluene	2.06	
06/07/10	06/15/10	118-96-7	2,4,6-Trinitrotoluene	137	J
06/07/10	06/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.905	
06/07/10	06/15/10	88-72-2	2-Nitrotoluene	0.250	U
06/07/10	06/15/10	99-99-0	4-Nitrotoluene	0.250	U
06/07/10	06/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/07/10	06/15/10	121-82-4	RDX	1.80	
06/07/10	06/15/10	55-63-0	Nitroglycerin	13.8	
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	131	
06/07/10	06/20/10	99-65-0	1,3-Dinitrobenzene	2.50	U
06/07/10	06/20/10	121-14-2	2,4-Dinitrotoluene	3.71	
06/07/10	06/20/10	606-20-2	2,6-Dinitrotoluene	1.81	
06/07/10	06/20/10	118-96-7	2,4,6-Trinitrotoluene	136	
06/07/10	06/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.05	
06/07/10	06/20/10	88-72-2	2-Nitrotoluene	2.50	U
06/07/10	06/20/10	99-99-0	4-Nitrotoluene	2.50	U

06/07/10	06/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.50	U
06/07/10	06/20/10	121-82-4	RDX	1.31	
06/07/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/07/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/07/10	06/16/10	88-72-2	2-Nitrotoluene	0.247	U
06/07/10	06/16/10	99-99-0	4-Nitrotoluene	0.247	U
06/07/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/07/10	06/16/10	121-82-4	RDX	0.247	U
06/07/10	06/16/10	55-63-0	Nitroglycerin	0.247	U
06/07/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/07/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/07/10	06/16/10	88-72-2	2-Nitrotoluene	0.247	U
06/07/10	06/16/10	99-99-0	4-Nitrotoluene	0.247	U
06/07/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/07/10	06/16/10	121-82-4	RDX	0.247	U
06/07/10	06/16/10	55-63-0	Nitroglycerin	0.247	U
06/07/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/07/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/07/10	06/16/10	88-72-2	2-Nitrotoluene	0.247	U
06/07/10	06/16/10	99-99-0	4-Nitrotoluene	0.247	U
06/07/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/07/10	06/16/10	121-82-4	RDX	0.247	U
06/07/10	06/16/10	55-63-0	Nitroglycerin	0.247	U
06/07/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.248	U
06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
06/07/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/07/10	06/16/10	88-72-2	2-Nitrotoluene	0.248	U
06/07/10	06/16/10	99-99-0	4-Nitrotoluene	0.248	U
06/07/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/07/10	06/16/10	121-82-4	RDX	0.248	U
06/07/10	06/16/10	55-63-0	Nitroglycerin	0.248	U
06/07/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/07/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/07/10	06/16/10	88-72-2	2-Nitrotoluene	0.246	U
06/07/10	06/16/10	99-99-0	4-Nitrotoluene	0.246	U
06/07/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/07/10	06/16/10	121-82-4	RDX	0.246	U
06/07/10	06/16/10	55-63-0	Nitroglycerin	0.246	U

06/07/10	06/09/10	1024-57-3	Heptachlor epoxide	1.96	UJ
06/07/10	06/09/10	60-57-1	Dieldrin	3.92	UJ
06/07/10	06/09/10	1024-57-3	Heptachlor epoxide	1.77	UJ
06/07/10	06/09/10	60-57-1	Dieldrin	3.54	UJ
06/07/10	06/09/10	1024-57-3	Heptachlor epoxide	1.81	UJ
06/07/10	06/09/10	60-57-1	Dieldrin	3.63	UJ
06/07/10	06/09/10	1024-57-3	Heptachlor epoxide	1.91	UJ
06/07/10	06/09/10	60-57-1	Dieldrin	3.82	UJ
06/10/10	06/19/10	1024-57-3	Heptachlor epoxide	2.02	UJ
06/10/10	06/19/10	60-57-1	Dieldrin	4.04	UJ
06/10/10	06/19/10	1024-57-3	Heptachlor epoxide	1.92	UJ
06/10/10	06/19/10	60-57-1	Dieldrin	3.85	UJ
06/10/10	06/19/10	1024-57-3	Heptachlor epoxide	2.00	U
06/10/10	06/19/10	60-57-1	Dieldrin	4.01	U
06/10/10	06/19/10	1024-57-3	Heptachlor epoxide	1.96	U
06/10/10	06/19/10	60-57-1	Dieldrin	3.93	U
06/10/10	06/09/10	1024-57-3	Heptachlor epoxide	1.98	UJ
06/10/10	06/09/10	60-57-1	Dieldrin	3.97	UJ
06/10/10	06/19/10	1024-57-3	Heptachlor epoxide	1.98	U
06/10/10	06/19/10	60-57-1	Dieldrin	3.97	U
06/10/10	06/09/10	1024-57-3	Heptachlor epoxide	1.87	UJ
06/10/10	06/09/10	60-57-1	Dieldrin	3.75	UJ
06/10/10	06/19/10	1024-57-3	Heptachlor epoxide	1.87	U
06/10/10	06/19/10	60-57-1	Dieldrin	3.75	U
06/10/10	06/09/10	1024-57-3	Heptachlor epoxide	2.12	UJ
06/10/10	06/09/10	60-57-1	Dieldrin	4.24	UJ
06/10/10	06/19/10	1024-57-3	Heptachlor epoxide	2.12	UJ
06/10/10	06/19/10	60-57-1	Dieldrin	4.24	UJ
06/07/10	06/07/10	67-64-1	Acetone	9.22	U
06/07/10	06/07/10	71-43-2	Benzene	4.61	U
06/07/10	06/07/10	75-27-4	Bromodichloromethane	4.61	U
06/07/10	06/07/10	75-25-2	Bromoform	4.61	U
06/07/10	06/07/10	74-83-9	Bromomethane	4.61	U
06/07/10	06/07/10	78-93-3	2-Butanone	9.22	U
06/07/10	06/07/10	75-15-0	Carbon disulfide	4.61	U
06/07/10	06/07/10	56-23-5	Carbon tetrachloride	4.61	U
06/07/10	06/07/10	108-90-7	Chlorobenzene	4.61	U
06/07/10	06/07/10	124-48-1	Chlorodibromomethane	4.61	U
06/07/10	06/07/10	75-00-3	Chloroethane	4.61	U
06/07/10	06/07/10	67-66-3	Chloroform	4.61	U
06/07/10	06/07/10	74-87-3	Chloromethane	4.61	U
06/07/10	06/07/10	75-34-3	1,1-Dichloroethane	4.61	U
06/07/10	06/07/10	107-06-2	1,2-Dichloroethane	4.61	U
06/07/10	06/07/10	75-35-4	1,1-Dichloroethene	4.61	U
06/07/10	06/07/10	156-59-2	cis-1,2-Dichloroethene	4.61	U
06/07/10	06/07/10	156-60-5	trans-1,2-Dichloroethene	4.61	U
06/07/10	06/07/10	78-87-5	1,2-Dichloropropane	4.61	U
06/07/10	06/07/10	10061-01-5	cis-1,3-Dichloropropene	4.61	U
06/07/10	06/07/10	10061-02-6	trans-1,3-Dichloropropene	4.61	U
06/07/10	06/07/10	100-41-4	Ethylbenzene	4.61	U
06/07/10	06/07/10	591-78-6	2-Hexanone	9.22	U
06/07/10	06/07/10	108-10-1	4-Methyl-2-pentanone	9.22	U

06/07/10	06/07/10	75-09-2	Methylene chloride	4.61	U
06/07/10	06/07/10	100-42-5	Styrene	4.61	U
06/07/10	06/07/10	79-34-5	1,1,2,2-Tetrachloroethane	4.61	U
06/07/10	06/07/10	127-18-4	Tetrachloroethene	4.61	U
06/07/10	06/07/10	108-88-3	Toluene	4.61	U
06/07/10	06/07/10	71-55-6	1,1,1-Trichloroethane	4.61	U
06/07/10	06/07/10	79-00-5	1,1,2-Trichloroethane	4.61	U
06/07/10	06/07/10	79-01-6	Trichloroethene	4.61	U
06/07/10	06/07/10	75-01-4	Vinyl chloride	4.61	U
06/07/10	06/07/10	95-47-6	o-Xylene	4.61	U
06/07/10	06/07/10	179601-23-1	m-,p-Xylene	4.61	U
06/07/10	06/07/10	67-64-1	Acetone	6.33	U
06/07/10	06/07/10	71-43-2	Benzene	3.17	U
06/07/10	06/07/10	75-27-4	Bromodichloromethane	3.17	U
06/07/10	06/07/10	75-25-2	Bromoform	3.17	U
06/07/10	06/07/10	74-83-9	Bromomethane	3.17	U
06/07/10	06/07/10	78-93-3	2-Butanone	6.33	U
06/07/10	06/07/10	75-15-0	Carbon disulfide	3.17	U
06/07/10	06/07/10	56-23-5	Carbon tetrachloride	3.17	U
06/07/10	06/07/10	108-90-7	Chlorobenzene	3.17	U
06/07/10	06/07/10	124-48-1	Chlorodibromomethane	3.17	U
06/07/10	06/07/10	75-00-3	Chloroethane	3.17	U
06/07/10	06/07/10	67-66-3	Chloroform	3.17	U
06/07/10	06/07/10	74-87-3	Chloromethane	3.17	U
06/07/10	06/07/10	75-34-3	1,1-Dichloroethane	3.17	U
06/07/10	06/07/10	107-06-2	1,2-Dichloroethane	3.17	U
06/07/10	06/07/10	75-35-4	1,1-Dichloroethene	3.17	U
06/07/10	06/07/10	156-59-2	cis-1,2-Dichloroethene	3.17	U
06/07/10	06/07/10	156-60-5	trans-1,2-Dichloroethene	3.17	U
06/07/10	06/07/10	78-87-5	1,2-Dichloropropane	3.17	U
06/07/10	06/07/10	10061-01-5	cis-1,3-Dichloropropene	3.17	U
06/07/10	06/07/10	10061-02-6	trans-1,3-Dichloropropene	3.17	U
06/07/10	06/07/10	100-41-4	Ethylbenzene	3.17	U
06/07/10	06/07/10	591-78-6	2-Hexanone	6.33	U
06/07/10	06/07/10	108-10-1	4-Methyl-2-pentanone	6.33	U
06/07/10	06/07/10	75-09-2	Methylene chloride	3.17	U
06/07/10	06/07/10	100-42-5	Styrene	3.17	U
06/07/10	06/07/10	79-34-5	1,1,2,2-Tetrachloroethane	3.17	U
06/07/10	06/07/10	127-18-4	Tetrachloroethene	3.17	U
06/07/10	06/07/10	108-88-3	Toluene	3.17	U
06/07/10	06/07/10	71-55-6	1,1,1-Trichloroethane	3.17	U
06/07/10	06/07/10	79-00-5	1,1,2-Trichloroethane	3.17	U
06/07/10	06/07/10	79-01-6	Trichloroethene	3.17	U
06/07/10	06/07/10	75-01-4	Vinyl chloride	3.17	U
06/07/10	06/07/10	95-47-6	o-Xylene	3.17	U
06/07/10	06/07/10	179601-23-1	m-,p-Xylene	3.17	U
06/07/10	06/07/10	67-64-1	Acetone	5.50	U
06/07/10	06/07/10	71-43-2	Benzene	2.75	U
06/07/10	06/07/10	75-27-4	Bromodichloromethane	2.75	U
06/07/10	06/07/10	75-25-2	Bromoform	2.75	U
06/07/10	06/07/10	74-83-9	Bromomethane	2.75	U
06/07/10	06/07/10	78-93-3	2-Butanone	5.50	U

06/07/10	06/07/10	75-15-0	Carbon disulfide	2.75	U
06/07/10	06/07/10	56-23-5	Carbon tetrachloride	2.75	U
06/07/10	06/07/10	108-90-7	Chlorobenzene	2.75	U
06/07/10	06/07/10	124-48-1	Chlorodibromomethane	2.75	U
06/07/10	06/07/10	75-00-3	Chloroethane	2.75	U
06/07/10	06/07/10	67-66-3	Chloroform	2.75	U
06/07/10	06/07/10	74-87-3	Chloromethane	2.75	U
06/07/10	06/07/10	75-34-3	1,1-Dichloroethane	2.75	U
06/07/10	06/07/10	107-06-2	1,2-Dichloroethane	2.75	U
06/07/10	06/07/10	75-35-4	1,1-Dichloroethene	2.75	U
06/07/10	06/07/10	156-59-2	cis-1,2-Dichloroethene	2.75	U
06/07/10	06/07/10	156-60-5	trans-1,2-Dichloroethene	2.75	U
06/07/10	06/07/10	78-87-5	1,2-Dichloropropane	2.75	U
06/07/10	06/07/10	10061-01-5	cis-1,3-Dichloropropene	2.75	U
06/07/10	06/07/10	10061-02-6	trans-1,3-Dichloropropene	2.75	U
06/07/10	06/07/10	100-41-4	Ethylbenzene	2.75	U
06/07/10	06/07/10	591-78-6	2-Hexanone	5.50	U
06/07/10	06/07/10	108-10-1	4-Methyl-2-pentanone	5.50	U
06/07/10	06/07/10	75-09-2	Methylene chloride	2.75	U
06/07/10	06/07/10	100-42-5	Styrene	2.75	U
06/07/10	06/07/10	79-34-5	1,1,2,2-Tetrachloroethane	2.75	U
06/07/10	06/07/10	127-18-4	Tetrachloroethene	2.75	U
06/07/10	06/07/10	108-88-3	Toluene	2.75	U
06/07/10	06/07/10	71-55-6	1,1,1-Trichloroethane	2.75	U
06/07/10	06/07/10	79-00-5	1,1,2-Trichloroethane	2.75	U
06/07/10	06/07/10	79-01-6	Trichloroethene	2.75	U
06/07/10	06/07/10	75-01-4	Vinyl chloride	2.75	U
06/07/10	06/07/10	95-47-6	o-Xylene	2.75	U
06/07/10	06/07/10	179601-23-1	m-,p-Xylene	2.75	U
06/07/10	06/07/10	67-64-1	Acetone	5.51	U
06/07/10	06/07/10	71-43-2	Benzene	2.75	U
06/07/10	06/07/10	75-27-4	Bromodichloromethane	2.75	U
06/07/10	06/07/10	75-25-2	Bromoform	2.75	U
06/07/10	06/07/10	74-83-9	Bromomethane	2.75	U
06/07/10	06/07/10	78-93-3	2-Butanone	5.51	U
06/07/10	06/07/10	75-15-0	Carbon disulfide	2.75	U
06/07/10	06/07/10	56-23-5	Carbon tetrachloride	2.75	U
06/07/10	06/07/10	108-90-7	Chlorobenzene	2.75	U
06/07/10	06/07/10	124-48-1	Chlorodibromomethane	2.75	U
06/07/10	06/07/10	75-00-3	Chloroethane	2.75	U
06/07/10	06/07/10	67-66-3	Chloroform	2.75	U
06/07/10	06/07/10	74-87-3	Chloromethane	2.75	U
06/07/10	06/07/10	75-34-3	1,1-Dichloroethane	2.75	U
06/07/10	06/07/10	107-06-2	1,2-Dichloroethane	2.75	U
06/07/10	06/07/10	75-35-4	1,1-Dichloroethene	2.75	U
06/07/10	06/07/10	156-59-2	cis-1,2-Dichloroethene	2.75	U
06/07/10	06/07/10	156-60-5	trans-1,2-Dichloroethene	2.75	U
06/07/10	06/07/10	78-87-5	1,2-Dichloropropane	2.75	U
06/07/10	06/07/10	10061-01-5	cis-1,3-Dichloropropene	2.75	U
06/07/10	06/07/10	10061-02-6	trans-1,3-Dichloropropene	2.75	U
06/07/10	06/07/10	100-41-4	Ethylbenzene	2.75	U
06/07/10	06/07/10	591-78-6	2-Hexanone	5.51	U

06/07/10	06/07/10	108-10-1	4-Methyl-2-pentanone	5.51	U
06/07/10	06/07/10	75-09-2	Methylene chloride	2.75	U
06/07/10	06/07/10	100-42-5	Styrene	2.75	U
06/07/10	06/07/10	79-34-5	1,1,2,2-Tetrachloroethane	2.75	U
06/07/10	06/07/10	127-18-4	Tetrachloroethene	2.75	U
06/07/10	06/07/10	108-88-3	Toluene	2.75	U
06/07/10	06/07/10	71-55-6	1,1,1-Trichloroethane	2.75	U
06/07/10	06/07/10	79-00-5	1,1,2-Trichloroethane	2.75	U
06/07/10	06/07/10	79-01-6	Trichloroethene	2.75	U
06/07/10	06/07/10	75-01-4	Vinyl chloride	2.75	U
06/07/10	06/07/10	95-47-6	o-Xylene	2.75	U
06/07/10	06/07/10	179601-23-1	m-,p-Xylene	2.75	U
06/07/10	06/08/10	7439-97-6	Mercury, Total	0.0962	J
06/07/10	06/08/10	7439-97-6	Mercury, Total	0.0964	J
06/07/10	06/08/10	7439-97-6	Mercury, Total	0.119	J
06/07/10	06/08/10	7439-97-6	Mercury, Total	0.0948	J
06/07/10	06/10/10	7440-38-2	Arsenic, Total	8.00	
06/07/10	06/10/10	7439-92-1	Lead, Total	19.9	
06/07/10	06/10/10	7782-49-2	Selenium, Total	0.254	U
06/07/10	06/10/10	7440-28-0	Thallium, Total	0.267	
06/07/10	06/10/10	7440-38-2	Arsenic, Total	2.72	
06/07/10	06/10/10	7439-92-1	Lead, Total	18.6	
06/07/10	06/10/10	7782-49-2	Selenium, Total	0.250	U
06/07/10	06/10/10	7440-28-0	Thallium, Total	0.233	
06/07/10	06/10/10	7440-38-2	Arsenic, Total	8.47	
06/07/10	06/10/10	7439-92-1	Lead, Total	19.7	
06/07/10	06/10/10	7782-49-2	Selenium, Total	0.357	
06/07/10	06/10/10	7440-28-0	Thallium, Total	0.296	
06/07/10	06/10/10	7440-38-2	Arsenic, Total	2.05	
06/07/10	06/10/10	7439-92-1	Lead, Total	15.7	
06/07/10	06/10/10	7782-49-2	Selenium, Total	0.330	
06/07/10	06/10/10	7440-28-0	Thallium, Total	0.218	
06/07/10	06/16/10	99-35-4	1,3,5-Trinitrobenzene	0.245	U
06/07/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.245	U
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/07/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/07/10	06/16/10	88-72-2	2-Nitrotoluene	0.245	U
06/07/10	06/16/10	99-08-1	3-Nitrotoluene	0.245	U
06/07/10	06/16/10	99-99-0	4-Nitrotoluene	0.245	U
06/07/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/07/10	06/16/10	2691-41-0	HMX	0.245	U
06/07/10	06/16/10	98-95-3	Nitrobenzene	0.245	U
06/07/10	06/16/10	121-82-4	RDX	0.245	U
06/07/10	06/16/10	479-45-8	Tetryl	0.245	U
06/07/10	06/16/10	55-63-0	Nitroglycerin	0.245	U
06/07/10	06/21/10	78-11-5	PETN	0.245	U
06/07/10	06/16/10	99-35-4	1,3,5-Trinitrobenzene	0.246	U
06/07/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.246	U

06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/07/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/07/10	06/16/10	88-72-2	2-Nitrotoluene	0.246	U
06/07/10	06/16/10	99-08-1	3-Nitrotoluene	0.246	U
06/07/10	06/16/10	99-99-0	4-Nitrotoluene	0.246	U
06/07/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/07/10	06/16/10	2691-41-0	HMX	0.246	U
06/07/10	06/16/10	98-95-3	Nitrobenzene	0.246	U
06/07/10	06/16/10	121-82-4	RDX	0.246	U
06/07/10	06/16/10	479-45-8	Tetryl	0.246	U
06/07/10	06/16/10	55-63-0	Nitroglycerin	0.246	U
06/07/10	06/21/10	78-11-5	PETN	0.246	U
06/07/10	06/16/10	99-35-4	1,3,5-Trinitrobenzene	0.246	U
06/07/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/07/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/07/10	06/16/10	88-72-2	2-Nitrotoluene	0.246	U
06/07/10	06/16/10	99-08-1	3-Nitrotoluene	0.246	U
06/07/10	06/16/10	99-99-0	4-Nitrotoluene	0.246	U
06/07/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/07/10	06/16/10	2691-41-0	HMX	0.246	U
06/07/10	06/16/10	98-95-3	Nitrobenzene	0.246	U
06/07/10	06/16/10	121-82-4	RDX	0.246	U
06/07/10	06/16/10	479-45-8	Tetryl	0.246	U
06/07/10	06/16/10	55-63-0	Nitroglycerin	0.246	U
06/07/10	06/21/10	78-11-5	PETN	0.246	U
06/07/10	06/16/10	99-35-4	1,3,5-Trinitrobenzene	0.250	U
06/07/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/07/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/07/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/07/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/07/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/07/10	06/16/10	88-72-2	2-Nitrotoluene	0.250	U
06/07/10	06/16/10	99-08-1	3-Nitrotoluene	0.250	U
06/07/10	06/16/10	99-99-0	4-Nitrotoluene	0.250	U
06/07/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/07/10	06/16/10	2691-41-0	HMX	0.250	U
06/07/10	06/16/10	98-95-3	Nitrobenzene	0.250	U
06/07/10	06/16/10	121-82-4	RDX	0.250	U
06/07/10	06/16/10	479-45-8	Tetryl	0.250	U
06/07/10	06/16/10	55-63-0	Nitroglycerin	0.250	U
06/07/10	06/21/10	78-11-5	PETN	0.250	U
06/07/10	06/11/10	120-82-1	1,2,4-Trichlorobenzene	206	UJ
06/07/10	06/11/10	95-50-1	1,2-Dichlorobenzene	206	UJ
06/07/10	06/11/10	541-73-1	1,3-Dichlorobenzene	206	UJ
06/07/10	06/11/10	106-46-7	1,4-Dichlorobenzene	206	UJ
06/07/10	06/11/10	95-95-4	2,4,5-Trichlorophenol	206	UJ
06/07/10	06/11/10	88-06-2	2,4,6-Trichlorophenol	206	UJ
06/07/10	06/11/10	120-83-2	2,4-Dichlorophenol	206	UJ
06/07/10	06/11/10	105-67-9	2,4-Dimethylphenol	206	UJ

06/07/10	06/11/10	51-28-5	2,4-Dinitrophenol	1030	UQ
06/07/10	06/11/10	121-14-2	2,4-Dinitrotoluene	206	UJ
06/07/10	06/11/10	606-20-2	2,6-Dinitrotoluene	206	UJ
06/07/10	06/11/10	91-58-7	2-Chloronaphthalene	206	UJ
06/07/10	06/11/10	95-57-8	2-Chlorophenol	206	UJ
06/07/10	06/11/10	91-57-6	2-Methylnaphthalene	206	UJ
06/07/10	06/11/10	95-48-7	2-Methylphenol	206	UJ
06/07/10	06/11/10	88-74-4	2-Nitroaniline	1030	UJ
06/07/10	06/11/10	88-75-5	2-Nitrophenol	206	UJ
06/07/10	06/11/10	91-94-1	3,3'-Dichlorobenzidine	413	UJ
06/07/10	06/11/10	106-44-5	3-,4-Methylphenol	206	UJ
06/07/10	06/11/10	99-09-2	3-Nitroaniline	1030	UJ
06/07/10	06/11/10	534-52-1	4,6-Dinitro-2-methylphenol	1030	UJ
06/07/10	06/11/10	101-55-3	4-Bromophenyl phenyl ether	206	UJ
06/07/10	06/11/10	59-50-7	4-Chloro-3-methylphenol	206	UJ
06/07/10	06/11/10	106-47-8	4-Chloroaniline	206	UJ
06/07/10	06/11/10	7005-72-3	4-Chlorophenyl phenyl ether	206	UJ
06/07/10	06/11/10	100-01-6	4-Nitroaniline	1030	UJ
06/07/10	06/11/10	100-02-7	4-Nitrophenol	1030	UJ
06/07/10	06/11/10	83-32-9	Acenaphthene	206	UJ
06/07/10	06/11/10	208-96-8	Acenaphthylene	206	UJ
06/07/10	06/11/10	120-12-7	Anthracene	206	UJ
06/07/10	06/11/10	56-55-3	Benzo(a)anthracene	206	UJ
06/07/10	06/11/10	50-32-8	Benzo(a)pyrene	206	UJ
06/07/10	06/11/10	205-99-2	Benzo(b)fluoranthene	206	UJ
06/07/10	06/11/10	191-24-2	Benzo(g,h,i)Perylene	206	UJ
06/07/10	06/11/10	207-08-9	Benzo(k)fluoranthene	206	UJ
06/07/10	06/11/10	65-85-0	Benzoic acid	6260	UQ
06/07/10	06/11/10	100-51-6	Benzyl alcohol	206	UJ
06/07/10	06/11/10	111-91-1	Bis(2-Chloroethoxy)Methane	206	UJ
06/07/10	06/11/10	111-44-4	Bis(2-Chloroethyl)ether	206	UJ
06/07/10	06/11/10	108-60-1	bis(2-Chloroisopropyl)ether	206	UJ
06/07/10	06/11/10	117-81-7	bis(2-Ethylhexyl)phthalate	206	UJ
06/07/10	06/11/10	85-68-7	Butyl benzyl phthalate	206	UJ
06/07/10	06/11/10	86-74-8	Carbazole	206	UJ
06/07/10	06/11/10	218-01-9	Chrysene	206	UJ
06/07/10	06/11/10	53-70-3	Dibenz(a,h)anthracene	206	UJ
06/07/10	06/11/10	132-64-9	Dibenzofuran	206	UJ
06/07/10	06/11/10	84-66-2	Diethyl phthalate	206	UJ
06/07/10	06/11/10	131-11-3	Dimethyl phthalate	206	UJ
06/07/10	06/11/10	84-74-2	Di-N-Butylphthalate	206	UJ
06/07/10	06/11/10	117-84-0	Di-n-octyl phthalate	206	UJ
06/07/10	06/11/10	206-44-0	Fluoranthene	206	UJ
06/07/10	06/11/10	86-73-7	Fluorene	206	UJ
06/07/10	06/11/10	118-74-1	Hexachlorobenzene	206	UJ
06/07/10	06/11/10	87-68-3	Hexachlorobutadiene	206	UJ
06/07/10	06/11/10	77-47-4	Hexachlorocyclopentadiene	206	UJ
06/07/10	06/11/10	67-72-1	Hexachloroethane	206	UJ
06/07/10	06/11/10	193-39-5	Indeno(1,2,3-cd)pyrene	206	UJ
06/07/10	06/11/10	78-59-1	Isophorone	206	UJ
06/07/10	06/11/10	91-20-3	Naphthalene	206	UJ
06/07/10	06/11/10	98-95-3	Nitrobenzene	206	UJ

06/07/10	06/11/10	86-30-6	N-Nitrosodiphenylamine	206	UJ
06/07/10	06/11/10	621-64-7	N-Nitrosodipropylamine	206	UJ
06/07/10	06/11/10	87-86-5	Pentachlorophenol	1030	UJ
06/07/10	06/11/10	85-01-8	Phenanthrene	206	UJ
06/07/10	06/11/10	108-95-2	Phenol	206	UJ
06/07/10	06/11/10	129-00-0	Pyrene	206	UJ
06/07/10	06/10/10	120-82-1	1,2,4-Trichlorobenzene	201	UJ
06/07/10	06/10/10	95-50-1	1,2-Dichlorobenzene	201	UJ
06/07/10	06/10/10	541-73-1	1,3-Dichlorobenzene	201	UJ
06/07/10	06/10/10	106-46-7	1,4-Dichlorobenzene	201	UJ
06/07/10	06/10/10	95-95-4	2,4,5-Trichlorophenol	201	UJ
06/07/10	06/10/10	88-06-2	2,4,6-Trichlorophenol	201	UJ
06/07/10	06/10/10	120-83-2	2,4-Dichlorophenol	201	UJ
06/07/10	06/10/10	105-67-9	2,4-Dimethylphenol	201	UJ
06/07/10	06/10/10	51-28-5	2,4-Dinitrophenol	1010	UQ
06/07/10	06/10/10	121-14-2	2,4-Dinitrotoluene	201	UJ
06/07/10	06/10/10	606-20-2	2,6-Dinitrotoluene	201	UJ
06/07/10	06/10/10	91-58-7	2-Chloronaphthalene	201	UJ
06/07/10	06/10/10	95-57-8	2-Chlorophenol	201	UJ
06/07/10	06/10/10	91-57-6	2-Methylnaphthalene	201	UJ
06/07/10	06/10/10	95-48-7	2-Methylphenol	201	UJ
06/07/10	06/10/10	88-74-4	2-Nitroaniline	1010	UJ
06/07/10	06/10/10	88-75-5	2-Nitrophenol	201	UJ
06/07/10	06/10/10	91-94-1	3,3'-Dichlorobenzidine	403	UJ
06/07/10	06/10/10	106-44-5	3-,4-Methylphenol	201	UJ
06/07/10	06/10/10	99-09-2	3-Nitroaniline	1010	UJ
06/07/10	06/10/10	534-52-1	4,6-Dinitro-2-methylphenol	1010	UJ
06/07/10	06/10/10	101-55-3	4-Bromophenyl phenyl ether	201	UJ
06/07/10	06/10/10	59-50-7	4-Chloro-3-methylphenol	201	UJ
06/07/10	06/10/10	106-47-8	4-Chloroaniline	201	UJ
06/07/10	06/10/10	7005-72-3	4-Chlorophenyl phenyl ether	201	UJ
06/07/10	06/10/10	100-01-6	4-Nitroaniline	1010	UJ
06/07/10	06/10/10	100-02-7	4-Nitrophenol	1010	UJ
06/07/10	06/10/10	83-32-9	Acenaphthene	201	UJ
06/07/10	06/10/10	208-96-8	Acenaphthylene	201	UJ
06/07/10	06/10/10	120-12-7	Anthracene	201	UJ
06/07/10	06/10/10	56-55-3	Benzo(a)anthracene	201	UJ
06/07/10	06/10/10	50-32-8	Benzo(a)pyrene	201	UJ
06/07/10	06/10/10	205-99-2	Benzo(b)fluoranthene	201	UJ
06/07/10	06/10/10	191-24-2	Benzo(g,h,i)Perylene	201	UJ
06/07/10	06/10/10	207-08-9	Benzo(k)fluoranthene	201	UJ
06/07/10	06/10/10	65-85-0	Benzoic acid	6100	UQ
06/07/10	06/10/10	100-51-6	Benzyl alcohol	201	UJ
06/07/10	06/10/10	111-91-1	Bis(2-Chloroethoxy)Methane	201	UJ
06/07/10	06/10/10	111-44-4	Bis(2-Chloroethyl)ether	201	UJ
06/07/10	06/10/10	108-60-1	bis(2-Chloroisopropyl)ether	201	UJ
06/07/10	06/10/10	117-81-7	bis(2-Ethylhexyl)phthalate	201	UJ
06/07/10	06/10/10	85-68-7	Butyl benzyl phthalate	201	UJ
06/07/10	06/10/10	86-74-8	Carbazole	201	UJ
06/07/10	06/10/10	218-01-9	Chrysene	201	UJ
06/07/10	06/10/10	53-70-3	Dibenz(a,h)anthracene	201	UJ
06/07/10	06/10/10	132-64-9	Dibenzofuran	201	UJ

06/07/10	06/10/10	84-66-2	Diethyl phthalate	201	UJ
06/07/10	06/10/10	131-11-3	Dimethyl phthalate	201	UJ
06/07/10	06/10/10	84-74-2	Di-N-Butylphthalate	201	UJ
06/07/10	06/10/10	117-84-0	Di-n-octyl phthalate	201	UJ
06/07/10	06/10/10	206-44-0	Fluoranthene	201	UJ
06/07/10	06/10/10	86-73-7	Fluorene	201	UJ
06/07/10	06/10/10	118-74-1	Hexachlorobenzene	201	UJ
06/07/10	06/10/10	87-68-3	Hexachlorobutadiene	201	UJ
06/07/10	06/10/10	77-47-4	Hexachlorocyclopentadiene	201	UJ
06/07/10	06/10/10	67-72-1	Hexachloroethane	201	UJ
06/07/10	06/10/10	193-39-5	Indeno(1,2,3-cd)pyrene	201	UJ
06/07/10	06/10/10	78-59-1	Isophorone	201	UJ
06/07/10	06/10/10	91-20-3	Naphthalene	201	UJ
06/07/10	06/10/10	98-95-3	Nitrobenzene	201	UJ
06/07/10	06/10/10	86-30-6	N-Nitrosodiphenylamine	201	UJ
06/07/10	06/10/10	621-64-7	N-Nitrosodipropylamine	201	UJ
06/07/10	06/10/10	87-86-5	Pentachlorophenol	1010	UJ
06/07/10	06/10/10	85-01-8	Phenanthrene	201	UJ
06/07/10	06/10/10	108-95-2	Phenol	201	UJ
06/07/10	06/10/10	129-00-0	Pyrene	201	UJ
06/07/10	06/11/10	120-82-1	1,2,4-Trichlorobenzene	204	UJ
06/07/10	06/11/10	95-50-1	1,2-Dichlorobenzene	204	UJ
06/07/10	06/11/10	541-73-1	1,3-Dichlorobenzene	204	UJ
06/07/10	06/11/10	106-46-7	1,4-Dichlorobenzene	204	UJ
06/07/10	06/11/10	95-95-4	2,4,5-Trichlorophenol	204	UJ
06/07/10	06/11/10	88-06-2	2,4,6-Trichlorophenol	204	UJ
06/07/10	06/11/10	120-83-2	2,4-Dichlorophenol	204	UJ
06/07/10	06/11/10	105-67-9	2,4-Dimethylphenol	204	UJ
06/07/10	06/11/10	51-28-5	2,4-Dinitrophenol	1020	UQ
06/07/10	06/11/10	121-14-2	2,4-Dinitrotoluene	204	UJ
06/07/10	06/11/10	606-20-2	2,6-Dinitrotoluene	204	UJ
06/07/10	06/11/10	91-58-7	2-Chloronaphthalene	204	UJ
06/07/10	06/11/10	95-57-8	2-Chlorophenol	204	UJ
06/07/10	06/11/10	91-57-6	2-Methylnaphthalene	204	UJ
06/07/10	06/11/10	95-48-7	2-Methylphenol	204	UJ
06/07/10	06/11/10	88-74-4	2-Nitroaniline	1020	UJ
06/07/10	06/11/10	88-75-5	2-Nitrophenol	204	UJ
06/07/10	06/11/10	91-94-1	3,3'-Dichlorobenzidine	408	UJ
06/07/10	06/11/10	106-44-5	3-,4-Methylphenol	204	UJ
06/07/10	06/11/10	99-09-2	3-Nitroaniline	1020	UJ
06/07/10	06/11/10	534-52-1	4,6-Dinitro-2-methylphenol	1020	UJ
06/07/10	06/11/10	101-55-3	4-Bromophenyl phenyl ether	204	UJ
06/07/10	06/11/10	59-50-7	4-Chloro-3-methylphenol	204	UJ
06/07/10	06/11/10	106-47-8	4-Chloroaniline	204	UJ
06/07/10	06/11/10	7005-72-3	4-Chlorophenyl phenyl ether	204	UJ
06/07/10	06/11/10	100-01-6	4-Nitroaniline	1020	UJ
06/07/10	06/11/10	100-02-7	4-Nitrophenol	1020	UJ
06/07/10	06/11/10	83-32-9	Acenaphthene	204	UJ
06/07/10	06/11/10	208-96-8	Acenaphthylene	204	UJ
06/07/10	06/11/10	120-12-7	Anthracene	204	UJ
06/07/10	06/11/10	56-55-3	Benzo(a)anthracene	204	UJ
06/07/10	06/11/10	50-32-8	Benzo(a)pyrene	204	UJ

06/07/10	06/11/10	205-99-2	Benzo(b)fluoranthene	204	UJ
06/07/10	06/11/10	191-24-2	Benzo(g,h,i)Perylene	204	UJ
06/07/10	06/11/10	207-08-9	Benzo(k)fluoranthene	204	UJ
06/07/10	06/11/10	65-85-0	Benzoic acid	6180	UQ
06/07/10	06/11/10	100-51-6	Benzyl alcohol	204	UJ
06/07/10	06/11/10	111-91-1	Bis(2-Chloroethoxy)Methane	204	UJ
06/07/10	06/11/10	111-44-4	Bis(2-Chloroethyl)ether	204	UJ
06/07/10	06/11/10	108-60-1	bis(2-Chloroisopropyl)ether	204	UJ
06/07/10	06/11/10	117-81-7	bis(2-Ethylhexyl)phthalate	204	UJ
06/07/10	06/11/10	85-68-7	Butyl benzyl phthalate	204	UJ
06/07/10	06/11/10	86-74-8	Carbazole	204	UJ
06/07/10	06/11/10	218-01-9	Chrysene	204	UJ
06/07/10	06/11/10	53-70-3	Dibenz(a,h)anthracene	204	UJ
06/07/10	06/11/10	132-64-9	Dibenzofuran	204	UJ
06/07/10	06/11/10	84-66-2	Diethyl phthalate	204	UJ
06/07/10	06/11/10	131-11-3	Dimethyl phthalate	204	UJ
06/07/10	06/11/10	84-74-2	Di-N-Butylphthalate	204	UJ
06/07/10	06/11/10	117-84-0	Di-n-octyl phthalate	204	UJ
06/07/10	06/11/10	206-44-0	Fluoranthene	204	UJ
06/07/10	06/11/10	86-73-7	Fluorene	204	UJ
06/07/10	06/11/10	118-74-1	Hexachlorobenzene	204	UJ
06/07/10	06/11/10	87-68-3	Hexachlorobutadiene	204	UJ
06/07/10	06/11/10	77-47-4	Hexachlorocyclopentadiene	204	UJ
06/07/10	06/11/10	67-72-1	Hexachloroethane	204	UJ
06/07/10	06/11/10	193-39-5	Indeno(1,2,3-cd)pyrene	204	UJ
06/07/10	06/11/10	78-59-1	Isophorone	204	UJ
06/07/10	06/11/10	91-20-3	Naphthalene	204	UJ
06/07/10	06/11/10	98-95-3	Nitrobenzene	204	UJ
06/07/10	06/11/10	86-30-6	N-Nitrosodiphenylamine	204	UJ
06/07/10	06/11/10	621-64-7	N-Nitrosodipropylamine	204	UJ
06/07/10	06/11/10	87-86-5	Pentachlorophenol	1020	UJ
06/07/10	06/11/10	85-01-8	Phenanthrene	204	UJ
06/07/10	06/11/10	108-95-2	Phenol	204	UJ
06/07/10	06/11/10	129-00-0	Pyrene	204	UJ
06/07/10	06/11/10	120-82-1	1,2,4-Trichlorobenzene	201	UJ
06/07/10	06/11/10	95-50-1	1,2-Dichlorobenzene	201	UJ
06/07/10	06/11/10	541-73-1	1,3-Dichlorobenzene	201	UJ
06/07/10	06/11/10	106-46-7	1,4-Dichlorobenzene	201	UJ
06/07/10	06/11/10	95-95-4	2,4,5-Trichlorophenol	201	UJ
06/07/10	06/11/10	88-06-2	2,4,6-Trichlorophenol	201	UJ
06/07/10	06/11/10	120-83-2	2,4-Dichlorophenol	201	UJ
06/07/10	06/11/10	105-67-9	2,4-Dimethylphenol	201	UJ
06/07/10	06/11/10	51-28-5	2,4-Dinitrophenol	1000	UQ
06/07/10	06/11/10	121-14-2	2,4-Dinitrotoluene	201	UJ
06/07/10	06/11/10	606-20-2	2,6-Dinitrotoluene	201	UJ
06/07/10	06/11/10	91-58-7	2-Chloronaphthalene	201	UJ
06/07/10	06/11/10	95-57-8	2-Chlorophenol	201	UJ
06/07/10	06/11/10	91-57-6	2-Methylnaphthalene	201	UJ
06/07/10	06/11/10	95-48-7	2-Methylphenol	201	UJ
06/07/10	06/11/10	88-74-4	2-Nitroaniline	1000	UJ
06/07/10	06/11/10	88-75-5	2-Nitrophenol	201	UJ
06/07/10	06/11/10	91-94-1	3,3'-Dichlorobenzidine	402	UJ

06/07/10	06/11/10	106-44-5	3-,4-Methylphenol	201	UJ
06/07/10	06/11/10	99-09-2	3-Nitroaniline	1000	UJ
06/07/10	06/11/10	534-52-1	4,6-Dinitro-2-methylphenol	1000	UJ
06/07/10	06/11/10	101-55-3	4-Bromophenyl phenyl ether	201	UJ
06/07/10	06/11/10	59-50-7	4-Chloro-3-methylphenol	201	UJ
06/07/10	06/11/10	106-47-8	4-Chloroaniline	201	UJ
06/07/10	06/11/10	7005-72-3	4-Chlorophenyl phenyl ether	201	UJ
06/07/10	06/11/10	100-01-6	4-Nitroaniline	1000	UJ
06/07/10	06/11/10	100-02-7	4-Nitrophenol	1000	UJ
06/07/10	06/11/10	83-32-9	Acenaphthene	201	UJ
06/07/10	06/11/10	208-96-8	Acenaphthylene	201	UJ
06/07/10	06/11/10	120-12-7	Anthracene	201	UJ
06/07/10	06/11/10	56-55-3	Benzo(a)anthracene	201	UJ
06/07/10	06/11/10	50-32-8	Benzo(a)pyrene	201	UJ
06/07/10	06/11/10	205-99-2	Benzo(b)fluoranthene	201	UJ
06/07/10	06/11/10	191-24-2	Benzo(g,h,i)Perylene	201	UJ
06/07/10	06/11/10	207-08-9	Benzo(k)fluoranthene	201	UJ
06/07/10	06/11/10	65-85-0	Benzoic acid	6090	UQ
06/07/10	06/11/10	100-51-6	Benzyl alcohol	201	UJ
06/07/10	06/11/10	111-91-1	Bis(2-Chloroethoxy)Methane	201	UJ
06/07/10	06/11/10	111-44-4	Bis(2-Chloroethyl)ether	201	UJ
06/07/10	06/11/10	108-60-1	bis(2-Chloroisopropyl)ether	201	UJ
06/07/10	06/11/10	117-81-7	bis(2-Ethylhexyl)phthalate	201	UJ
06/07/10	06/11/10	85-68-7	Butyl benzyl phthalate	201	UJ
06/07/10	06/11/10	86-74-8	Carbazole	201	UJ
06/07/10	06/11/10	218-01-9	Chrysene	201	UJ
06/07/10	06/11/10	53-70-3	Dibenz(a,h)anthracene	201	UJ
06/07/10	06/11/10	132-64-9	Dibenzofuran	201	UJ
06/07/10	06/11/10	84-66-2	Diethyl phthalate	201	UJ
06/07/10	06/11/10	131-11-3	Dimethyl phthalate	201	UJ
06/07/10	06/11/10	84-74-2	Di-N-Butylphthalate	201	UJ
06/07/10	06/11/10	117-84-0	Di-n-octyl phthalate	201	UJ
06/07/10	06/11/10	206-44-0	Fluoranthene	201	UJ
06/07/10	06/11/10	86-73-7	Fluorene	201	UJ
06/07/10	06/11/10	118-74-1	Hexachlorobenzene	201	UJ
06/07/10	06/11/10	87-68-3	Hexachlorobutadiene	201	UJ
06/07/10	06/11/10	77-47-4	Hexachlorocyclopentadiene	201	UJ
06/07/10	06/11/10	67-72-1	Hexachloroethane	201	UJ
06/07/10	06/11/10	193-39-5	Indeno(1,2,3-cd)pyrene	201	UJ
06/07/10	06/11/10	78-59-1	Isophorone	201	UJ
06/07/10	06/11/10	91-20-3	Naphthalene	201	UJ
06/07/10	06/11/10	98-95-3	Nitrobenzene	201	UJ
06/07/10	06/11/10	86-30-6	N-Nitrosodiphenylamine	201	UJ
06/07/10	06/11/10	621-64-7	N-Nitrosodipropylamine	201	UJ
06/07/10	06/11/10	87-86-5	Pentachlorophenol	1000	UJ
06/07/10	06/11/10	85-01-8	Phenanthrene	201	UJ
06/07/10	06/11/10	108-95-2	Phenol	201	UJ
06/07/10	06/11/10	129-00-0	Pyrene	201	UJ
06/07/10	06/09/10	72-54-8	4,4'-DDD	2.11	UJ
06/07/10	06/09/10	72-55-9	4,4'-DDE	2.11	UJ
06/07/10	06/09/10	50-29-3	4,4'-DDT	2.11	UJ
06/07/10	06/09/10	309-00-2	Aldrin	2.11	UJ

06/07/10	06/09/10	5103-71-9	alpha Chlordane	2.11	UJ
06/07/10	06/09/10	319-84-6	alpha-BHC	2.11	UJ
06/07/10	06/09/10	319-85-7	beta-BHC	2.11	UJ
06/07/10	06/09/10	319-86-8	delta-BHC	2.11	UJ
06/07/10	06/09/10	60-57-1	Dieldrin	2.11	UJ
06/07/10	06/09/10	959-98-8	Endosulfan I	2.11	UJ
06/07/10	06/09/10	33213-65-9	Endosulfan II	2.11	UJ
06/07/10	06/09/10	1031-07-8	Endosulfan sulfate	2.11	UJ
06/07/10	06/09/10	72-20-8	Endrin	2.11	UJ
06/07/10	06/09/10	7421-93-4	Endrin aldehyde	2.11	UJ
06/07/10	06/09/10	53494-70-5	Endrin ketone	2.11	UJ
06/07/10	06/09/10	5103-74-2	gamma Chlordane	2.11	UJ
06/07/10	06/09/10	58-89-9	gamma-BHC (Lindane)	2.11	UJ
06/07/10	06/09/10	76-44-8	Heptachlor	2.11	UJ
06/07/10	06/09/10	1024-57-3	Heptachlor epoxide	2.11	UJ
06/07/10	06/09/10	72-43-5	Methoxychlor	2.11	UJ
06/07/10	06/09/10	8001-35-2	Toxaphene	42.1	UJ
06/07/10	06/09/10	72-54-8	4,4'-DDD	2.07	U
06/07/10	06/09/10	72-55-9	4,4'-DDE	2.07	U
06/07/10	06/09/10	50-29-3	4,4'-DDT	2.07	U
06/07/10	06/09/10	309-00-2	Aldrin	2.07	U
06/07/10	06/09/10	5103-71-9	alpha Chlordane	2.07	U
06/07/10	06/09/10	319-84-6	alpha-BHC	2.07	U
06/07/10	06/09/10	319-85-7	beta-BHC	2.07	U
06/07/10	06/09/10	319-86-8	delta-BHC	2.07	U
06/07/10	06/09/10	60-57-1	Dieldrin	2.07	U
06/07/10	06/09/10	959-98-8	Endosulfan I	2.07	U
06/07/10	06/09/10	33213-65-9	Endosulfan II	2.07	U
06/07/10	06/09/10	1031-07-8	Endosulfan sulfate	2.07	U
06/07/10	06/09/10	72-20-8	Endrin	2.07	U
06/07/10	06/09/10	7421-93-4	Endrin aldehyde	2.07	U
06/07/10	06/09/10	53494-70-5	Endrin ketone	2.07	U
06/07/10	06/09/10	5103-74-2	gamma Chlordane	2.07	U
06/07/10	06/09/10	58-89-9	gamma-BHC (Lindane)	2.07	U
06/07/10	06/09/10	76-44-8	Heptachlor	2.07	U
06/07/10	06/09/10	1024-57-3	Heptachlor epoxide	2.07	U
06/07/10	06/09/10	72-43-5	Methoxychlor	2.07	U
06/07/10	06/09/10	8001-35-2	Toxaphene	41.4	U
06/07/10	06/09/10	72-54-8	4,4'-DDD	2.06	U
06/07/10	06/09/10	72-55-9	4,4'-DDE	2.06	U
06/07/10	06/09/10	50-29-3	4,4'-DDT	2.06	U
06/07/10	06/09/10	309-00-2	Aldrin	2.06	U
06/07/10	06/09/10	5103-71-9	alpha Chlordane	2.06	U
06/07/10	06/09/10	319-84-6	alpha-BHC	2.06	U
06/07/10	06/09/10	319-85-7	beta-BHC	2.06	U
06/07/10	06/09/10	319-86-8	delta-BHC	2.06	U
06/07/10	06/09/10	60-57-1	Dieldrin	2.06	U
06/07/10	06/09/10	959-98-8	Endosulfan I	2.06	U
06/07/10	06/09/10	33213-65-9	Endosulfan II	2.06	U
06/07/10	06/09/10	1031-07-8	Endosulfan sulfate	2.06	U
06/07/10	06/09/10	72-20-8	Endrin	2.06	U
06/07/10	06/09/10	7421-93-4	Endrin aldehyde	2.06	U

06/07/10	06/09/10	53494-70-5	Endrin ketone	2.06	U
06/07/10	06/09/10	5103-74-2	gamma Chlordane	2.06	U
06/07/10	06/09/10	58-89-9	gamma-BHC (Lindane)	2.06	U
06/07/10	06/09/10	76-44-8	Heptachlor	2.06	U
06/07/10	06/09/10	1024-57-3	Heptachlor epoxide	2.06	U
06/07/10	06/09/10	72-43-5	Methoxychlor	2.06	U
06/07/10	06/09/10	8001-35-2	Toxaphene	41.2	U
06/07/10	06/09/10	72-54-8	4,4'-DDD	2.06	UJ
06/07/10	06/09/10	72-55-9	4,4'-DDE	2.06	UJ
06/07/10	06/09/10	50-29-3	4,4'-DDT	2.06	UJ
06/07/10	06/09/10	309-00-2	Aldrin	2.06	UJ
06/07/10	06/09/10	5103-71-9	alpha Chlordane	2.06	UJ
06/07/10	06/09/10	319-84-6	alpha-BHC	2.06	UJ
06/07/10	06/09/10	319-85-7	beta-BHC	2.06	UJ
06/07/10	06/09/10	319-86-8	delta-BHC	2.06	UJ
06/07/10	06/09/10	60-57-1	Dieldrin	2.06	UJ
06/07/10	06/09/10	959-98-8	Endosulfan I	2.06	UJ
06/07/10	06/09/10	33213-65-9	Endosulfan II	2.06	UJ
06/07/10	06/09/10	1031-07-8	Endosulfan sulfate	2.06	UJ
06/07/10	06/09/10	72-20-8	Endrin	2.06	UJ
06/07/10	06/09/10	7421-93-4	Endrin aldehyde	2.06	UJ
06/07/10	06/09/10	53494-70-5	Endrin ketone	2.06	UJ
06/07/10	06/09/10	5103-74-2	gamma Chlordane	2.06	UJ
06/07/10	06/09/10	58-89-9	gamma-BHC (Lindane)	2.06	UJ
06/07/10	06/09/10	76-44-8	Heptachlor	2.06	UJ
06/07/10	06/09/10	1024-57-3	Heptachlor epoxide	2.06	UJ
06/07/10	06/09/10	72-43-5	Methoxychlor	2.06	UJ
06/07/10	06/09/10	8001-35-2	Toxaphene	41.2	UJ
06/07/10	06/11/10	7440-36-0	Antimony, Total	0.533	J
06/07/10	06/11/10	7440-39-3	Barium, Total	37.1	
06/07/10	06/11/10	7440-41-7	Beryllium, Total	0.969	
06/07/10	06/11/10	7440-43-9	Cadmium, Total	0.0751	J
06/07/10	06/11/10	7440-70-2	Calcium, Total	6740	
06/07/10	06/11/10	7440-47-3	Chromium, Total	31.5	
06/07/10	06/11/10	7440-48-4	Cobalt, Total	17.5	
06/07/10	06/11/10	7440-50-8	Copper, Total	18.9	
06/07/10	06/11/10	7439-89-6	Iron, Total	32400	B
06/07/10	06/11/10	7439-95-4	Magnesium, Total	5630	
06/07/10	06/11/10	7439-96-5	Manganese, Total	327	
06/07/10	06/11/10	7440-02-0	Nickel, Total	17.7	
06/07/10	06/11/10	7440-09-7	Potassium, Total	1370	
06/07/10	06/11/10	7440-22-4	Silver, Total	0.343	J
06/07/10	06/11/10	7440-23-5	Sodium, Total	16.8	J
06/07/10	06/11/10	7440-62-2	Vanadium, Total	59.7	
06/07/10	06/11/10	7440-66-6	Zinc, Total	29.2	
06/07/10	06/14/10	7429-90-5	Aluminum, Total	20900	
06/07/10	06/11/10	7440-36-0	Antimony, Total	0.979	U
06/07/10	06/11/10	7440-39-3	Barium, Total	30.9	
06/07/10	06/11/10	7440-41-7	Beryllium, Total	1.25	
06/07/10	06/11/10	7440-43-9	Cadmium, Total	0.489	U
06/07/10	06/11/10	7440-70-2	Calcium, Total	891	
06/07/10	06/11/10	7440-47-3	Chromium, Total	23.8	

06/07/10	06/11/10	7440-48-4	Cobalt, Total	12.5	
06/07/10	06/11/10	7440-50-8	Copper, Total	17.9	
06/07/10	06/11/10	7439-89-6	Iron, Total	28100	B
06/07/10	06/11/10	7439-95-4	Magnesium, Total	2440	
06/07/10	06/11/10	7439-96-5	Manganese, Total	353	
06/07/10	06/11/10	7440-02-0	Nickel, Total	17.2	
06/07/10	06/11/10	7440-09-7	Potassium, Total	845	
06/07/10	06/11/10	7440-22-4	Silver, Total	1.96	U
06/07/10	06/11/10	7440-23-5	Sodium, Total	11.3	J
06/07/10	06/11/10	7440-62-2	Vanadium, Total	49.7	
06/07/10	06/11/10	7440-66-6	Zinc, Total	27.0	
06/07/10	06/11/10	7429-90-5	Aluminum, Total	15100	
06/07/10	06/11/10	7440-36-0	Antimony, Total	0.964	U
06/07/10	06/11/10	7440-39-3	Barium, Total	30.1	
06/07/10	06/11/10	7440-41-7	Beryllium, Total	1.35	
06/07/10	06/11/10	7440-43-9	Cadmium, Total	0.482	U
06/07/10	06/11/10	7440-70-2	Calcium, Total	796	
06/07/10	06/11/10	7440-47-3	Chromium, Total	29.2	
06/07/10	06/11/10	7440-48-4	Cobalt, Total	13.3	
06/07/10	06/11/10	7440-50-8	Copper, Total	18.7	
06/07/10	06/11/10	7439-89-6	Iron, Total	30500	B
06/07/10	06/11/10	7439-95-4	Magnesium, Total	2810	
06/07/10	06/11/10	7439-96-5	Manganese, Total	260	
06/07/10	06/11/10	7440-02-0	Nickel, Total	19.7	
06/07/10	06/11/10	7440-09-7	Potassium, Total	1080	
06/07/10	06/11/10	7440-22-4	Silver, Total	1.93	U
06/07/10	06/11/10	7440-23-5	Sodium, Total	12.0	J
06/07/10	06/11/10	7440-62-2	Vanadium, Total	53.7	
06/07/10	06/11/10	7440-66-6	Zinc, Total	35.8	
06/07/10	06/11/10	7429-90-5	Aluminum, Total	15900	
06/07/10	06/11/10	7440-36-0	Antimony, Total	0.874	U
06/07/10	06/11/10	7440-39-3	Barium, Total	32.8	
06/07/10	06/11/10	7440-41-7	Beryllium, Total	1.08	
06/07/10	06/11/10	7440-43-9	Cadmium, Total	0.116	J
06/07/10	06/11/10	7440-70-2	Calcium, Total	1050	
06/07/10	06/11/10	7440-47-3	Chromium, Total	29.3	
06/07/10	06/11/10	7440-48-4	Cobalt, Total	11.9	
06/07/10	06/11/10	7440-50-8	Copper, Total	19.2	
06/07/10	06/11/10	7439-89-6	Iron, Total	29200	B
06/07/10	06/11/10	7439-95-4	Magnesium, Total	2370	
06/07/10	06/11/10	7439-96-5	Manganese, Total	348	
06/07/10	06/11/10	7440-02-0	Nickel, Total	20.3	
06/07/10	06/11/10	7440-09-7	Potassium, Total	862	
06/07/10	06/11/10	7440-22-4	Silver, Total	1.75	U
06/07/10	06/11/10	7440-23-5	Sodium, Total	11.3	J
06/07/10	06/11/10	7440-62-2	Vanadium, Total	50.8	
06/07/10	06/11/10	7440-66-6	Zinc, Total	39.3	
06/07/10	06/14/10	7429-90-5	Aluminum, Total	17500	
06/07/10	06/08/10	12674-11-2	Aroclor-1016	0.0211	U
06/07/10	06/08/10	11104-28-2	Aroclor-1221	0.0211	U
06/07/10	06/08/10	11141-16-5	Aroclor-1232	0.0211	U
06/07/10	06/08/10	53469-21-9	Aroclor-1242	0.0211	U

06/07/10	06/08/10	12672-29-6	Aroclor-1248	0.0211	U
06/07/10	06/08/10	11097-69-1	Aroclor-1254	0.0211	U
06/07/10	06/08/10	11096-82-5	Aroclor-1260	0.0211	U
06/07/10	06/08/10	12674-11-2	Aroclor-1016	0.0207	U
06/07/10	06/08/10	11104-28-2	Aroclor-1221	0.0207	U
06/07/10	06/08/10	11141-16-5	Aroclor-1232	0.0207	U
06/07/10	06/08/10	53469-21-9	Aroclor-1242	0.0207	U
06/07/10	06/08/10	12672-29-6	Aroclor-1248	0.0207	U
06/07/10	06/08/10	11097-69-1	Aroclor-1254	0.0207	U
06/07/10	06/08/10	11096-82-5	Aroclor-1260	0.0207	U
06/07/10	06/08/10	12674-11-2	Aroclor-1016	0.0206	U
06/07/10	06/08/10	11104-28-2	Aroclor-1221	0.0206	U
06/07/10	06/08/10	11141-16-5	Aroclor-1232	0.0206	U
06/07/10	06/08/10	53469-21-9	Aroclor-1242	0.0206	U
06/07/10	06/08/10	12672-29-6	Aroclor-1248	0.0206	U
06/07/10	06/08/10	11097-69-1	Aroclor-1254	0.0206	U
06/07/10	06/08/10	11096-82-5	Aroclor-1260	0.0206	U
06/07/10	06/08/10	12674-11-2	Aroclor-1016	0.0206	U
06/07/10	06/08/10	11104-28-2	Aroclor-1221	0.0206	U
06/07/10	06/08/10	11141-16-5	Aroclor-1232	0.0206	U
06/07/10	06/08/10	53469-21-9	Aroclor-1242	0.0206	U
06/07/10	06/08/10	12672-29-6	Aroclor-1248	0.0206	U
06/07/10	06/08/10	11097-69-1	Aroclor-1254	0.0206	U
06/07/10	06/08/10	11096-82-5	Aroclor-1260	0.0206	U
06/15/10	06/15/10	pH	Corrosivity pH	0.0202	
06/15/10	06/15/10	pH	Corrosivity pH	0.0202	
06/15/10	06/15/10	pH	Corrosivity pH	0.0202	
06/15/10	06/15/10	pH	Corrosivity pH	0.0202	
06/16/10	06/19/10	72-54-8	4,4'-DDD	0.0202	U
06/16/10	06/19/10	72-55-9	4,4'-DDE	0.0202	U
06/16/10	06/19/10	50-29-3	4,4'-DDT	0.0202	U
06/16/10	06/19/10	309-00-2	Aldrin	0.021	U
06/16/10	06/19/10	5103-71-9	alpha Chlordane	0.021	U
06/16/10	06/19/10	319-84-6	alpha-BHC	0.021	U
06/16/10	06/19/10	319-85-7	beta-BHC	0.021	U
06/16/10	06/19/10	319-86-8	delta-BHC	0.021	U
06/16/10	06/19/10	60-57-1	Dieldrin	0.021	U
06/16/10	06/19/10	959-98-8	Endosulfan I	0.021	U
06/16/10	06/19/10	33213-65-9	Endosulfan II	0.0209	U
06/16/10	06/19/10	1031-07-8	Endosulfan sulfate	0.0209	U
06/16/10	06/19/10	72-20-8	Endrin	0.0209	U
06/16/10	06/19/10	7421-93-4	Endrin aldehyde	0.0209	U
06/16/10	06/19/10	53494-70-5	Endrin ketone	0.0209	U
06/16/10	06/19/10	5103-74-2	gamma Chlordane	0.0209	U
06/16/10	06/19/10	58-89-9	gamma-BHC (Lindane)	0.0209	U
06/16/10	06/19/10	76-44-8	Heptachlor	0.0182	U
06/16/10	06/19/10	1024-57-3	Heptachlor epoxide	0.0177	U
06/16/10	06/19/10	72-43-5	Methoxychlor	0.0189	U
06/16/10	06/19/10	8001-35-2	Toxaphene	0.0141	U
06/16/10	06/19/10	72-54-8	4,4'-DDD	0.0175	UJ
06/16/10	06/19/10	72-55-9	4,4'-DDE	0.0184	UJ
06/16/10	06/19/10	50-29-3	4,4'-DDT	0.185	UJ

06/16/10	06/19/10	309-00-2	Aldrin	0.152	UJ
06/16/10	06/19/10	5103-71-9	alpha Chlordane	0.0257	UJ
06/16/10	06/19/10	319-84-6	alpha-BHC	0.0179	UJ
06/16/10	06/19/10	319-85-7	beta-BHC	0.0191	UJ
06/16/10	06/19/10	319-86-8	delta-BHC	0.0538	UJ
06/16/10	06/19/10	60-57-1	Dieldrin	0.0157	UJ
06/16/10	06/19/10	959-98-8	Endosulfan I	0.0677	UJ
06/16/10	06/19/10	33213-65-9	Endosulfan II	0.0188	UJ
06/16/10	06/19/10	1031-07-8	Endosulfan sulfate	0.0197	UJ
06/16/10	06/19/10	72-20-8	Endrin	0.102	UJ
06/16/10	06/19/10	7421-93-4	Endrin aldehyde	0.0223	UJ
06/16/10	06/19/10	53494-70-5	Endrin ketone	0.0183	UJ
06/16/10	06/19/10	5103-74-2	gamma Chlordane	0.0179	UJ
06/16/10	06/19/10	58-89-9	gamma-BHC (Lindane)	0.135	UJ
06/16/10	06/19/10	76-44-8	Heptachlor	0.2	UJ
06/16/10	06/19/10	1024-57-3	Heptachlor epoxide	0.0125	UJ
06/16/10	06/19/10	72-43-5	Methoxychlor	0.0283	UJ
06/16/10	06/19/10	8001-35-2	Toxaphene	0.11	UJ
06/15/10	06/18/10	120-82-1	1,2,4-Trichlorobenzene	0.272	U
06/15/10	06/18/10	95-50-1	1,2-Dichlorobenzene	0.0273	U
06/15/10	06/18/10	541-73-1	1,3-Dichlorobenzene	0.0711	U
06/15/10	06/18/10	106-46-7	1,4-Dichlorobenzene	0.0209	U
06/15/10	06/18/10	95-95-4	2,4,5-Trichlorophenol	0.0353	U
06/15/10	06/18/10	88-06-2	2,4,6-Trichlorophenol	0.0187	U
06/15/10	06/18/10	120-83-2	2,4-Dichlorophenol	0.0216	U
06/15/10	06/18/10	105-67-9	2,4-Dimethylphenol	0.0182	U
06/15/10	06/18/10	51-28-5	2,4-Dinitrophenol	0.0186	UQ
06/15/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.0184	U
06/15/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.0188	U
06/15/10	06/18/10	91-58-7	2-Chloronaphthalene	0.0177	U
06/15/10	06/18/10	95-57-8	2-Chlorophenol	0.022	U
06/15/10	06/18/10	91-57-6	2-Methylnaphthalene	0.0186	U
06/15/10	06/18/10	95-48-7	2-Methylphenol	0.0177	U
06/15/10	06/18/10	88-74-4	2-Nitroaniline	0.0176	U
06/15/10	06/18/10	88-75-5	2-Nitrophenol	0.0226	U
06/15/10	06/18/10	91-94-1	3,3'-Dichlorobenzidine	0.0172	U
06/15/10	06/18/10	106-44-5	3-,4-Methylphenol	0.0184	U
06/15/10	06/18/10	99-09-2	3-Nitroaniline	0.0181	U
06/15/10	06/18/10	534-52-1	4,6-Dinitro-2-methylphenol	0.0646	UQ
06/15/10	06/18/10	101-55-3	4-Bromophenyl phenyl ether	0.134	U
06/15/10	06/18/10	59-50-7	4-Chloro-3-methylphenol	0.0258	U
06/15/10	06/18/10	106-47-8	4-Chloroaniline	0.0346	U
06/15/10	06/18/10	7005-72-3	4-Chlorophenyl phenyl ether	0.0163	U
06/15/10	06/18/10	100-01-6	4-Nitroaniline	0.0397	U
06/15/10	06/18/10	100-02-7	4-Nitrophenol	1.51	U
06/15/10	06/18/10	83-32-9	Acenaphthene	1.97	U
06/15/10	06/18/10	208-96-8	Acenaphthylene	2.81	U
06/15/10	06/18/10	120-12-7	Anthracene	0.0842	U
06/15/10	06/18/10	56-55-3	Benzo(a)anthracene	0.216	U
06/15/10	06/18/10	50-32-8	Benzo(a)pyrene	0.0747	U
06/15/10	06/18/10	205-99-2	Benzo(b)fluoranthene	0.166	U
06/15/10	06/18/10	191-24-2	Benzo(g,h,i)Perylene	0.0179	U

06/15/10	06/18/10	207-08-9	Benzo(k)fluoranthene	0.0179	U
06/15/10	06/18/10	65-85-0	Benzoic acid	0.0175	UQ
06/15/10	06/18/10	100-51-6	Benzyl alcohol	0.0182	U
06/15/10	06/18/10	111-91-1	Bis(2-Chloroethoxy)Methane	0.0208	U
06/15/10	06/18/10	111-44-4	Bis(2-Chloroethyl)ether	0.0215	U
06/15/10	06/18/10	108-60-1	bis(2-Chloroisopropyl)ether	0.0182	U
06/15/10	06/18/10	117-81-7	bis(2-Ethylhexyl)phthalate	0.0179	U
06/15/10	06/18/10	85-68-7	Butyl benzyl phthalate	0.0182	U
06/15/10	06/18/10	86-74-8	Carbazole	0.0186	U
06/15/10	06/18/10	218-01-9	Chrysene	0.0188	U
06/15/10	06/18/10	53-70-3	Dibenz(a,h)anthracene	0.0181	U
06/15/10	06/18/10	132-64-9	Dibenzofuran	0.0179	U
06/15/10	06/18/10	84-66-2	Diethyl phthalate	0.0864	U
06/15/10	06/18/10	131-11-3	Dimethyl phthalate	0.0733	U
06/15/10	06/18/10	84-74-2	Di-N-Butylphthalate	0.0876	U
06/15/10	06/18/10	117-84-0	Di-n-octyl phthalate	0.0915	U
06/15/10	06/18/10	206-44-0	Fluoranthene	0.0883	U
06/15/10	06/18/10	86-73-7	Fluorene	0.112	U
06/15/10	06/18/10	118-74-1	Hexachlorobenzene	0.0174	U
06/15/10	06/18/10	87-68-3	Hexachlorobutadiene	0.0178	U
06/15/10	06/18/10	77-47-4	Hexachlorocyclopentadiene	0.0246	U
06/15/10	06/18/10	67-72-1	Hexachloroethane	0.0373	U
06/15/10	06/18/10	193-39-5	Indeno(1,2,3-cd)pyrene	0.0188	U
06/15/10	06/18/10	78-59-1	Isophorone	0.0209	U
06/15/10	06/18/10	91-20-3	Naphthalene	0.0354	U
06/15/10	06/18/10	98-95-3	Nitrobenzene	0.0179	U
06/15/10	06/18/10	86-30-6	N-Nitrosodiphenylamine	0.0228	U
06/15/10	06/18/10	621-64-7	N-Nitrosodipropylamine	0.0215	U
06/15/10	06/18/10	87-86-5	Pentachlorophenol	0.0189	UQ
06/15/10	06/18/10	85-01-8	Phenanthrene	0.0197	U
06/15/10	06/18/10	108-95-2	Phenol	0.0222	U
06/15/10	06/18/10	129-00-0	Pyrene	0.0132	U
06/15/10	06/19/10	120-82-1	1,2,4-Trichlorobenzene	0.0241	U
06/15/10	06/19/10	95-50-1	1,2-Dichlorobenzene	0.0569	U
06/15/10	06/19/10	541-73-1	1,3-Dichlorobenzene	0.0848	U
06/15/10	06/19/10	106-46-7	1,4-Dichlorobenzene	0.0197	U
06/15/10	06/19/10	95-95-4	2,4,5-Trichlorophenol	0.059	U
06/15/10	06/19/10	88-06-2	2,4,6-Trichlorophenol	0.0972	U
06/15/10	06/19/10	120-83-2	2,4-Dichlorophenol	0.018	U
06/15/10	06/19/10	105-67-9	2,4-Dimethylphenol	0.0178	U
06/15/10	06/19/10	51-28-5	2,4-Dinitrophenol	0.0146	U
06/15/10	06/19/10	121-14-2	2,4-Dinitrotoluene	0.0321	U
06/15/10	06/19/10	606-20-2	2,6-Dinitrotoluene	0.0184	U
06/15/10	06/19/10	91-58-7	2-Chloronaphthalene	0.0184	U
06/15/10	06/19/10	95-57-8	2-Chlorophenol	0.0209	U
06/15/10	06/19/10	91-57-6	2-Methylnaphthalene	0.0183	U
06/15/10	06/19/10	95-48-7	2-Methylphenol	0.0185	U
06/15/10	06/19/10	88-74-4	2-Nitroaniline	0.019	U
06/15/10	06/19/10	88-75-5	2-Nitrophenol	0.0172	U
06/15/10	06/19/10	91-94-1	3,3'-Dichlorobenzidine	0.0225	U
06/15/10	06/19/10	106-44-5	3-,4-Methylphenol	0.0187	U
06/15/10	06/19/10	99-09-2	3-Nitroaniline	0.0118	U

06/15/10	06/19/10	534-52-1	4,6-Dinitro-2-methylphenol	0.0195	U
06/15/10	06/19/10	101-55-3	4-Bromophenyl phenyl ether	0.0266	U
06/15/10	06/19/10	59-50-7	4-Chloro-3-methylphenol	0.0357	U
06/15/10	06/19/10	106-47-8	4-Chloroaniline	0.0178	U
06/15/10	06/19/10	7005-72-3	4-Chlorophenyl phenyl ether	0.0187	U
06/15/10	06/19/10	100-01-6	4-Nitroaniline	0.0186	U
06/15/10	06/19/10	100-02-7	4-Nitrophenol	0.0185	U
06/15/10	06/19/10	83-32-9	Acenaphthene	0.0196	U
06/15/10	06/19/10	208-96-8	Acenaphthylene	0.0193	U
06/15/10	06/19/10	120-12-7	Anthracene	0.0202	U
06/15/10	06/19/10	56-55-3	Benzo(a)anthracene	0.0202	U
06/15/10	06/19/10	50-32-8	Benzo(a)pyrene	0.012	U
06/15/10	06/19/10	205-99-2	Benzo(b)fluoranthene	0.0244	U
06/15/10	06/19/10	191-24-2	Benzo(g,h,i)Perylene	0.0498	U
06/15/10	06/19/10	207-08-9	Benzo(k)fluoranthene	0.088	U
06/15/10	06/19/10	65-85-0	Benzoic acid	0.0403	U
06/15/10	06/19/10	100-51-6	Benzyl alcohol	0.0857	U
06/15/10	06/19/10	111-91-1	Bis(2-Chloroethoxy)Methane	0.124	U
06/15/10	06/19/10	111-44-4	Bis(2-Chloroethyl)ether	0.2	U
06/15/10	06/19/10	108-60-1	bis(2-Chloroisopropyl)ether	0.0579	U
06/15/10	06/19/10	117-81-7	bis(2-Ethylhexyl)phthalate	0.0938	U
06/15/10	06/19/10	85-68-7	Butyl benzyl phthalate	0.0204	U
06/15/10	06/19/10	86-74-8	Carbazole	0.0204	U
06/15/10	06/19/10	218-01-9	Chrysene	0.0209	U
06/15/10	06/19/10	53-70-3	Dibenz(a,h)anthracene	0.0186	U
06/15/10	06/19/10	132-64-9	Dibenzofuran	0.0199	U
06/15/10	06/19/10	84-66-2	Diethyl phthalate	0.0192	U
06/15/10	06/19/10	131-11-3	Dimethyl phthalate	0.0211	U
06/15/10	06/19/10	84-74-2	Di-N-Butylphthalate	0.0169	U
06/15/10	06/19/10	117-84-0	Di-n-octyl phthalate	0.047	U
06/15/10	06/19/10	206-44-0	Fluoranthene	0.0145	U
06/15/10	06/19/10	86-73-7	Fluorene	0.0317	U
06/15/10	06/19/10	118-74-1	Hexachlorobenzene	0.0193	U
06/15/10	06/19/10	87-68-3	Hexachlorobutadiene	0.0196	U
06/15/10	06/19/10	77-47-4	Hexachlorocyclopentadiene	0.0188	U
06/15/10	06/19/10	67-72-1	Hexachloroethane	0	U
06/15/10	06/19/10	193-39-5	Indeno(1,2,3-cd)pyrene	0	U
06/15/10	06/19/10	78-59-1	Isophorone	0.0188	U
06/15/10	06/19/10	91-20-3	Naphthalene	0.0185	U
06/15/10	06/19/10	98-95-3	Nitrobenzene	206	U
06/15/10	06/19/10	86-30-6	N-Nitrosodiphenylamine	206	U
06/15/10	06/19/10	621-64-7	N-Nitrosodipropylamine	206	U
06/15/10	06/19/10	87-86-5	Pentachlorophenol	1030	U
06/15/10	06/19/10	85-01-8	Phenanthrene	206	U
06/15/10	06/19/10	108-95-2	Phenol	206	U
06/15/10	06/19/10	129-00-0	Pyrene	206	U
06/15/10	06/19/10	120-82-1	1,2,4-Trichlorobenzene	229	UJ
06/15/10	06/19/10	95-50-1	1,2-Dichlorobenzene	229	UJ
06/15/10	06/19/10	541-73-1	1,3-Dichlorobenzene	229	UJ
06/15/10	06/19/10	106-46-7	1,4-Dichlorobenzene	229	UJ
06/15/10	06/19/10	95-95-4	2,4,5-Trichlorophenol	229	UJ
06/15/10	06/19/10	88-06-2	2,4,6-Trichlorophenol	229	UJ

06/15/10	06/19/10	120-83-2	2,4-Dichlorophenol	229	UJ
06/15/10	06/19/10	105-67-9	2,4-Dimethylphenol	229	UJ
06/15/10	06/19/10	51-28-5	2,4-Dinitrophenol	1140	UJ
06/15/10	06/19/10	121-14-2	2,4-Dinitrotoluene	229	UJ
06/15/10	06/19/10	606-20-2	2,6-Dinitrotoluene	229	UJ
06/15/10	06/19/10	91-58-7	2-Chloronaphthalene	229	UJ
06/15/10	06/19/10	95-57-8	2-Chlorophenol	229	UJ
06/15/10	06/19/10	91-57-6	2-Methylnaphthalene	229	UJ
06/15/10	06/19/10	95-48-7	2-Methylphenol	229	UJ
06/15/10	06/19/10	88-74-4	2-Nitroaniline	1140	UJ
06/15/10	06/19/10	88-75-5	2-Nitrophenol	229	UJ
06/15/10	06/19/10	91-94-1	3,3'-Dichlorobenzidine	458	UJ
06/15/10	06/19/10	106-44-5	3,4-Methylphenol	229	UJ
06/15/10	06/19/10	99-09-2	3-Nitroaniline	1140	UJ
06/15/10	06/19/10	534-52-1	4,6-Dinitro-2-methylphenol	1140	UJ
06/15/10	06/19/10	101-55-3	4-Bromophenyl phenyl ether	229	UJ
06/15/10	06/19/10	59-50-7	4-Chloro-3-methylphenol	229	UJ
06/15/10	06/19/10	106-47-8	4-Chloroaniline	229	UJ
06/15/10	06/19/10	7005-72-3	4-Chlorophenyl phenyl ether	229	UJ
06/15/10	06/19/10	100-01-6	4-Nitroaniline	1140	UJ
06/15/10	06/19/10	100-02-7	4-Nitrophenol	1140	UJ
06/15/10	06/19/10	83-32-9	Acenaphthene	229	UJ
06/15/10	06/19/10	208-96-8	Acenaphthylene	229	UJ
06/15/10	06/19/10	120-12-7	Anthracene	229	UJ
06/15/10	06/19/10	56-55-3	Benzo(a)anthracene	229	UJ
06/15/10	06/19/10	50-32-8	Benzo(a)pyrene	229	UJ
06/15/10	06/19/10	205-99-2	Benzo(b)fluoranthene	229	UJ
06/15/10	06/19/10	191-24-2	Benzo(g,h,i)Perylene	229	UJ
06/15/10	06/19/10	207-08-9	Benzo(k)fluoranthene	229	UJ
06/15/10	06/19/10	65-85-0	Benzoic acid	6940	UJ
06/15/10	06/19/10	100-51-6	Benzyl alcohol	229	UJ
06/15/10	06/19/10	111-91-1	Bis(2-Chloroethoxy)Methane	229	UJ
06/15/10	06/19/10	111-44-4	Bis(2-Chloroethyl)ether	229	UJ
06/15/10	06/19/10	108-60-1	bis(2-Chloroisopropyl)ether	229	UJ
06/15/10	06/19/10	117-81-7	bis(2-Ethylhexyl)phthalate	229	UJ
06/15/10	06/19/10	85-68-7	Butyl benzyl phthalate	229	UJ
06/15/10	06/19/10	86-74-8	Carbazole	229	UJ
06/15/10	06/19/10	218-01-9	Chrysene	229	UJ
06/15/10	06/19/10	53-70-3	Dibenz(a,h)anthracene	229	UJ
06/15/10	06/19/10	132-64-9	Dibenzofuran	229	UJ
06/15/10	06/19/10	84-66-2	Diethyl phthalate	229	UJ
06/15/10	06/19/10	131-11-3	Dimethyl phthalate	229	UJ
06/15/10	06/19/10	84-74-2	Di-N-Butylphthalate	229	UJ
06/15/10	06/19/10	117-84-0	Di-n-octyl phthalate	229	UJ
06/15/10	06/19/10	206-44-0	Fluoranthene	229	UJ
06/15/10	06/19/10	86-73-7	Fluorene	229	UJ
06/15/10	06/19/10	118-74-1	Hexachlorobenzene	229	UJ
06/15/10	06/19/10	87-68-3	Hexachlorobutadiene	229	UJ
06/15/10	06/19/10	77-47-4	Hexachlorocyclopentadiene	229	UJ
06/15/10	06/19/10	67-72-1	Hexachloroethane	229	UJ
06/15/10	06/19/10	193-39-5	Indeno(1,2,3-cd)pyrene	229	UJ
06/15/10	06/19/10	78-59-1	Isophorone	229	UJ

06/15/10	06/19/10	91-20-3	Naphthalene	229	UJ
06/15/10	06/19/10	98-95-3	Nitrobenzene	229	UJ
06/15/10	06/19/10	86-30-6	N-Nitrosodiphenylamine	229	UJ
06/15/10	06/19/10	621-64-7	N-Nitrosodipropylamine	229	UJ
06/15/10	06/19/10	87-86-5	Pentachlorophenol	1140	UJ
06/15/10	06/19/10	85-01-8	Phenanthrene	229	UJ
06/15/10	06/19/10	108-95-2	Phenol	229	UJ
06/15/10	06/19/10	129-00-0	Pyrene	229	UJ
06/15/10	06/19/10	120-82-1	1,2,4-Trichlorobenzene	192	U
06/15/10	06/19/10	95-50-1	1,2-Dichlorobenzene	192	U
06/15/10	06/19/10	541-73-1	1,3-Dichlorobenzene	192	U
06/15/10	06/19/10	106-46-7	1,4-Dichlorobenzene	192	U
06/15/10	06/19/10	95-95-4	2,4,5-Trichlorophenol	192	U
06/15/10	06/19/10	88-06-2	2,4,6-Trichlorophenol	192	U
06/15/10	06/19/10	120-83-2	2,4-Dichlorophenol	192	U
06/15/10	06/19/10	105-67-9	2,4-Dimethylphenol	192	U
06/15/10	06/19/10	51-28-5	2,4-Dinitrophenol	958	U
06/15/10	06/19/10	121-14-2	2,4-Dinitrotoluene	192	U
06/15/10	06/19/10	606-20-2	2,6-Dinitrotoluene	192	U
06/15/10	06/19/10	91-58-7	2-Chloronaphthalene	192	U
06/15/10	06/19/10	95-57-8	2-Chlorophenol	192	U
06/15/10	06/19/10	91-57-6	2-Methylnaphthalene	192	U
06/15/10	06/19/10	95-48-7	2-Methylphenol	192	U
06/15/10	06/19/10	88-74-4	2-Nitroaniline	958	U
06/15/10	06/19/10	88-75-5	2-Nitrophenol	192	U
06/15/10	06/19/10	91-94-1	3,3'-Dichlorobenzidine	383	U
06/15/10	06/19/10	106-44-5	3-,4-Methylphenol	192	U
06/15/10	06/19/10	99-09-2	3-Nitroaniline	958	U
06/15/10	06/19/10	534-52-1	4,6-Dinitro-2-methylphenol	958	U
06/15/10	06/19/10	101-55-3	4-Bromophenyl phenyl ether	192	U
06/15/10	06/19/10	59-50-7	4-Chloro-3-methylphenol	192	U
06/15/10	06/19/10	106-47-8	4-Chloroaniline	192	U
06/15/10	06/19/10	7005-72-3	4-Chlorophenyl phenyl ether	192	U
06/15/10	06/19/10	100-01-6	4-Nitroaniline	958	U
06/15/10	06/19/10	100-02-7	4-Nitrophenol	958	U
06/15/10	06/19/10	83-32-9	Acenaphthene	192	U
06/15/10	06/19/10	208-96-8	Acenaphthylene	192	U
06/15/10	06/19/10	120-12-7	Anthracene	192	U
06/15/10	06/19/10	56-55-3	Benzo(a)anthracene	192	U
06/15/10	06/19/10	50-32-8	Benzo(a)pyrene	192	U
06/15/10	06/19/10	205-99-2	Benzo(b)fluoranthene	192	U
06/15/10	06/19/10	191-24-2	Benzo(g,h,i)Perylene	192	U
06/15/10	06/19/10	207-08-9	Benzo(k)fluoranthene	192	U
06/15/10	06/19/10	65-85-0	Benzoic acid	5810	U
06/15/10	06/19/10	100-51-6	Benzyl alcohol	192	U
06/15/10	06/19/10	111-91-1	Bis(2-Chloroethoxy)Methane	192	U
06/15/10	06/19/10	111-44-4	Bis(2-Chloroethyl)ether	192	U
06/15/10	06/19/10	108-60-1	bis(2-Chloroisopropyl)ether	192	U
06/15/10	06/19/10	117-81-7	bis(2-Ethylhexyl)phthalate	192	U
06/15/10	06/19/10	85-68-7	Butyl benzyl phthalate	192	U
06/15/10	06/19/10	86-74-8	Carbazole	192	U
06/15/10	06/19/10	218-01-9	Chrysene	192	U

06/15/10	06/19/10	53-70-3	Dibenz(a,h)anthracene	192	U
06/15/10	06/19/10	132-64-9	Dibenzofuran	192	U
06/15/10	06/19/10	84-66-2	Diethyl phthalate	192	U
06/15/10	06/19/10	131-11-3	Dimethyl phthalate	192	U
06/15/10	06/19/10	84-74-2	Di-N-Butylphthalate	192	U
06/15/10	06/19/10	117-84-0	Di-n-octyl phthalate	192	U
06/15/10	06/19/10	206-44-0	Fluoranthene	192	U
06/15/10	06/19/10	86-73-7	Fluorene	192	U
06/15/10	06/19/10	118-74-1	Hexachlorobenzene	192	U
06/15/10	06/19/10	87-68-3	Hexachlorobutadiene	192	U
06/15/10	06/19/10	77-47-4	Hexachlorocyclopentadiene	192	U
06/15/10	06/19/10	67-72-1	Hexachloroethane	192	U
06/15/10	06/19/10	193-39-5	Indeno(1,2,3-cd)pyrene	192	U
06/15/10	06/19/10	78-59-1	Isophorone	192	U
06/15/10	06/19/10	91-20-3	Naphthalene	192	U
06/15/10	06/19/10	98-95-3	Nitrobenzene	192	U
06/15/10	06/19/10	86-30-6	N-Nitrosodiphenylamine	192	U
06/15/10	06/19/10	621-64-7	N-Nitrosodipropylamine	192	U
06/15/10	06/19/10	87-86-5	Pentachlorophenol	958	U
06/15/10	06/19/10	85-01-8	Phenanthrene	192	U
06/15/10	06/19/10	108-95-2	Phenol	192	U
06/15/10	06/19/10	129-00-0	Pyrene	192	U
06/08/10	06/08/10	67-64-1	Acetone	8.22	U
06/08/10	06/08/10	71-43-2	Benzene	4.11	U
06/08/10	06/08/10	75-27-4	Bromodichloromethane	4.11	U
06/08/10	06/08/10	75-25-2	Bromoform	4.11	U
06/08/10	06/08/10	74-83-9	Bromomethane	4.11	U
06/08/10	06/08/10	78-93-3	2-Butanone	8.22	U
06/08/10	06/08/10	75-15-0	Carbon disulfide	4.11	U
06/08/10	06/08/10	56-23-5	Carbon tetrachloride	4.11	U
06/08/10	06/08/10	108-90-7	Chlorobenzene	4.11	U
06/08/10	06/08/10	124-48-1	Chlorodibromomethane	4.11	U
06/08/10	06/08/10	75-00-3	Chloroethane	4.11	U
06/08/10	06/08/10	67-66-3	Chloroform	4.11	U
06/08/10	06/08/10	74-87-3	Chloromethane	4.11	U
06/08/10	06/08/10	75-34-3	1,1-Dichloroethane	4.11	U
06/08/10	06/08/10	107-06-2	1,2-Dichloroethane	4.11	U
06/08/10	06/08/10	75-35-4	1,1-Dichloroethene	4.11	U
06/08/10	06/08/10	156-59-2	cis-1,2-Dichloroethene	4.11	U
06/08/10	06/08/10	156-60-5	trans-1,2-Dichloroethene	4.11	U
06/08/10	06/08/10	78-87-5	1,2-Dichloropropane	4.11	U
06/08/10	06/08/10	10061-01-5	cis-1,3-Dichloropropene	4.11	U
06/08/10	06/08/10	10061-02-6	trans-1,3-Dichloropropene	4.11	U
06/08/10	06/08/10	100-41-4	Ethylbenzene	4.11	U
06/08/10	06/08/10	591-78-6	2-Hexanone	8.22	U
06/08/10	06/08/10	108-10-1	4-Methyl-2-pentanone	8.22	U
06/08/10	06/08/10	75-09-2	Methylene chloride	4.11	U
06/08/10	06/08/10	100-42-5	Styrene	4.11	U
06/08/10	06/08/10	79-34-5	1,1,2,2-Tetrachloroethane	4.11	U
06/08/10	06/08/10	127-18-4	Tetrachloroethene	4.11	U
06/08/10	06/08/10	108-88-3	Toluene	4.11	U
06/08/10	06/08/10	71-55-6	1,1,1-Trichloroethane	4.11	U

06/08/10	06/08/10	79-00-5	1,1,2-Trichloroethane	4.11	U
06/08/10	06/08/10	79-01-6	Trichloroethene	4.11	U
06/08/10	06/08/10	75-01-4	Vinyl chloride	4.11	U
06/08/10	06/08/10	95-47-6	o-Xylene	4.11	U
06/08/10	06/08/10	179601-23-1	m-,p-Xylene	4.11	U
06/08/10	06/08/10	67-64-1	Acetone	3.68	J
06/08/10	06/08/10	71-43-2	Benzene	3.50	U
06/08/10	06/08/10	75-27-4	Bromodichloromethane	3.50	U
06/08/10	06/08/10	75-25-2	Bromoform	3.50	U
06/08/10	06/08/10	74-83-9	Bromomethane	3.50	U
06/08/10	06/08/10	78-93-3	2-Butanone	7.00	U
06/08/10	06/08/10	75-15-0	Carbon disulfide	3.50	U
06/08/10	06/08/10	56-23-5	Carbon tetrachloride	3.50	U
06/08/10	06/08/10	108-90-7	Chlorobenzene	3.50	U
06/08/10	06/08/10	124-48-1	Chlorodibromomethane	3.50	U
06/08/10	06/08/10	75-00-3	Chloroethane	3.50	U
06/08/10	06/08/10	67-66-3	Chloroform	3.50	U
06/08/10	06/08/10	74-87-3	Chloromethane	3.50	U
06/08/10	06/08/10	75-34-3	1,1-Dichloroethane	3.50	U
06/08/10	06/08/10	107-06-2	1,2-Dichloroethane	3.50	U
06/08/10	06/08/10	75-35-4	1,1-Dichloroethene	3.50	U
06/08/10	06/08/10	156-59-2	cis-1,2-Dichloroethene	3.50	U
06/08/10	06/08/10	156-60-5	trans-1,2-Dichloroethene	3.50	U
06/08/10	06/08/10	78-87-5	1,2-Dichloropropane	3.50	U
06/08/10	06/08/10	10061-01-5	cis-1,3-Dichloropropene	3.50	U
06/08/10	06/08/10	10061-02-6	trans-1,3-Dichloropropene	3.50	U
06/08/10	06/08/10	100-41-4	Ethylbenzene	3.50	U
06/08/10	06/08/10	591-78-6	2-Hexanone	7.00	U
06/08/10	06/08/10	108-10-1	4-Methyl-2-pentanone	7.00	U
06/08/10	06/08/10	75-09-2	Methylene chloride	3.50	U
06/08/10	06/08/10	100-42-5	Styrene	3.50	U
06/08/10	06/08/10	79-34-5	1,1,2,2-Tetrachloroethane	3.50	U
06/08/10	06/08/10	127-18-4	Tetrachloroethene	3.50	U
06/08/10	06/08/10	108-88-3	Toluene	3.50	U
06/08/10	06/08/10	71-55-6	1,1,1-Trichloroethane	3.50	U
06/08/10	06/08/10	79-00-5	1,1,2-Trichloroethane	3.50	U
06/08/10	06/08/10	79-01-6	Trichloroethene	3.50	U
06/08/10	06/08/10	75-01-4	Vinyl chloride	3.50	U
06/08/10	06/08/10	95-47-6	o-Xylene	3.50	U
06/08/10	06/08/10	179601-23-1	m-,p-Xylene	3.50	U
06/08/10	06/08/10	67-64-1	Acetone	3.14	J
06/08/10	06/08/10	71-43-2	Benzene	2.77	U
06/08/10	06/08/10	75-27-4	Bromodichloromethane	2.77	U
06/08/10	06/08/10	75-25-2	Bromoform	2.77	U
06/08/10	06/08/10	74-83-9	Bromomethane	2.77	U
06/08/10	06/08/10	78-93-3	2-Butanone	5.54	U
06/08/10	06/08/10	75-15-0	Carbon disulfide	2.77	U
06/08/10	06/08/10	56-23-5	Carbon tetrachloride	2.77	U
06/08/10	06/08/10	108-90-7	Chlorobenzene	2.77	U
06/08/10	06/08/10	124-48-1	Chlorodibromomethane	2.77	U
06/08/10	06/08/10	75-00-3	Chloroethane	2.77	U
06/08/10	06/08/10	67-66-3	Chloroform	2.77	U

06/08/10	06/08/10	74-87-3	Chloromethane	2.77	U
06/08/10	06/08/10	75-34-3	1,1-Dichloroethane	2.77	U
06/08/10	06/08/10	107-06-2	1,2-Dichloroethane	2.77	U
06/08/10	06/08/10	75-35-4	1,1-Dichloroethene	2.77	U
06/08/10	06/08/10	156-59-2	cis-1,2-Dichloroethene	2.77	U
06/08/10	06/08/10	156-60-5	trans-1,2-Dichloroethene	2.77	U
06/08/10	06/08/10	78-87-5	1,2-Dichloropropane	2.77	U
06/08/10	06/08/10	10061-01-5	cis-1,3-Dichloropropene	2.77	U
06/08/10	06/08/10	10061-02-6	trans-1,3-Dichloropropene	2.77	U
06/08/10	06/08/10	100-41-4	Ethylbenzene	2.77	U
06/08/10	06/08/10	591-78-6	2-Hexanone	5.54	U
06/08/10	06/08/10	108-10-1	4-Methyl-2-pentanone	5.54	U
06/08/10	06/08/10	75-09-2	Methylene chloride	2.77	U
06/08/10	06/08/10	100-42-5	Styrene	2.77	U
06/08/10	06/08/10	79-34-5	1,1,2,2-Tetrachloroethane	2.77	U
06/08/10	06/08/10	127-18-4	Tetrachloroethene	2.77	U
06/08/10	06/08/10	108-88-3	Toluene	2.77	U
06/08/10	06/08/10	71-55-6	1,1,1-Trichloroethane	2.77	U
06/08/10	06/08/10	79-00-5	1,1,2-Trichloroethane	2.77	U
06/08/10	06/08/10	79-01-6	Trichloroethene	2.77	U
06/08/10	06/08/10	75-01-4	Vinyl chloride	2.77	U
06/08/10	06/08/10	95-47-6	o-Xylene	2.77	U
06/08/10	06/08/10	179601-23-1	m-,p-Xylene	2.77	U
06/09/10	06/14/10	120-82-1	1,2,4-Trichlorobenzene	199	U
06/09/10	06/14/10	95-50-1	1,2-Dichlorobenzene	199	U
06/09/10	06/14/10	541-73-1	1,3-Dichlorobenzene	199	U
06/09/10	06/14/10	106-46-7	1,4-Dichlorobenzene	199	U
06/09/10	06/14/10	95-95-4	2,4,5-Trichlorophenol	199	U
06/09/10	06/14/10	88-06-2	2,4,6-Trichlorophenol	199	U
06/09/10	06/14/10	120-83-2	2,4-Dichlorophenol	199	U
06/09/10	06/14/10	105-67-9	2,4-Dimethylphenol	199	U
06/09/10	06/14/10	51-28-5	2,4-Dinitrophenol	997	Q
06/09/10	06/14/10	121-14-2	2,4-Dinitrotoluene	199	U
06/09/10	06/14/10	606-20-2	2,6-Dinitrotoluene	199	U
06/09/10	06/14/10	91-58-7	2-Chloronaphthalene	199	U
06/09/10	06/14/10	95-57-8	2-Chlorophenol	199	U
06/09/10	06/14/10	91-57-6	2-Methylnaphthalene	199	U
06/09/10	06/14/10	95-48-7	2-Methylphenol	199	U
06/09/10	06/14/10	88-74-4	2-Nitroaniline	997	U
06/09/10	06/14/10	88-75-5	2-Nitrophenol	199	U
06/09/10	06/14/10	91-94-1	3,3'-Dichlorobenzidine	399	U
06/09/10	06/14/10	106-44-5	3-,4-Methylphenol	199	U
06/09/10	06/14/10	99-09-2	3-Nitroaniline	997	U
06/09/10	06/14/10	534-52-1	4,6-Dinitro-2-methylphenol	997	Q
06/09/10	06/14/10	101-55-3	4-Bromophenyl phenyl ether	199	U
06/09/10	06/14/10	59-50-7	4-Chloro-3-methylphenol	199	U
06/09/10	06/14/10	106-47-8	4-Chloroaniline	199	U
06/09/10	06/14/10	7005-72-3	4-Chlorophenyl phenyl ether	199	U
06/09/10	06/14/10	100-01-6	4-Nitroaniline	997	U
06/09/10	06/14/10	100-02-7	4-Nitrophenol	997	U
06/09/10	06/14/10	83-32-9	Acenaphthene	199	U
06/09/10	06/14/10	208-96-8	Acenaphthylene	199	U

06/09/10	06/14/10	120-12-7	Anthracene	199	U
06/09/10	06/14/10	56-55-3	Benzo(a)anthracene	199	U
06/09/10	06/14/10	50-32-8	Benzo(a)pyrene	199	U
06/09/10	06/14/10	205-99-2	Benzo(b)fluoranthene	199	U
06/09/10	06/14/10	191-24-2	Benzo(g,h,i)Perylene	199	U
06/09/10	06/14/10	207-08-9	Benzo(k)fluoranthene	199	U
06/09/10	06/14/10	65-85-0	Benzoic acid	6040	Q
06/09/10	06/14/10	100-51-6	Benzyl alcohol	199	U
06/09/10	06/14/10	111-91-1	Bis(2-Chloroethoxy)Methane	199	U
06/09/10	06/14/10	111-44-4	Bis(2-Chloroethyl)ether	199	U
06/09/10	06/14/10	108-60-1	bis(2-Chloroisopropyl)ether	199	Q
06/09/10	06/14/10	117-81-7	bis(2-Ethylhexyl)phthalate	199	U
06/09/10	06/14/10	85-68-7	Butyl benzyl phthalate	199	U
06/09/10	06/14/10	86-74-8	Carbazole	199	U
06/09/10	06/14/10	218-01-9	Chrysene	199	U
06/09/10	06/14/10	53-70-3	Dibenz(a,h)anthracene	199	U
06/09/10	06/14/10	132-64-9	Dibenzofuran	199	U
06/09/10	06/14/10	84-66-2	Diethyl phthalate	199	U
06/09/10	06/14/10	131-11-3	Dimethyl phthalate	199	U
06/09/10	06/14/10	84-74-2	Di-N-Butylphthalate	199	U
06/09/10	06/14/10	117-84-0	Di-n-octyl phthalate	199	U
06/09/10	06/14/10	206-44-0	Fluoranthene	199	U
06/09/10	06/14/10	86-73-7	Fluorene	199	U
06/09/10	06/14/10	118-74-1	Hexachlorobenzene	199	U
06/09/10	06/14/10	87-68-3	Hexachlorobutadiene	199	U
06/09/10	06/14/10	77-47-4	Hexachlorocyclopentadiene	199	U
06/09/10	06/14/10	67-72-1	Hexachloroethane	199	U
06/09/10	06/14/10	193-39-5	Indeno(1,2,3-cd)pyrene	199	U
06/09/10	06/14/10	78-59-1	Isophorone	199	U
06/09/10	06/14/10	91-20-3	Naphthalene	199	U
06/09/10	06/14/10	98-95-3	Nitrobenzene	199	U
06/09/10	06/14/10	86-30-6	N-Nitrosodiphenylamine	199	U
06/09/10	06/14/10	621-64-7	N-Nitrosodipropylamine	199	Q
06/09/10	06/14/10	87-86-5	Pentachlorophenol	997	U
06/09/10	06/14/10	85-01-8	Phenanthrene	199	U
06/09/10	06/14/10	108-95-2	Phenol	199	U
06/09/10	06/14/10	129-00-0	Pyrene	199	U
06/09/10	06/14/10	120-82-1	1,2,4-Trichlorobenzene	205	U
06/09/10	06/14/10	95-50-1	1,2-Dichlorobenzene	205	U
06/09/10	06/14/10	541-73-1	1,3-Dichlorobenzene	205	U
06/09/10	06/14/10	106-46-7	1,4-Dichlorobenzene	205	U
06/09/10	06/14/10	95-95-4	2,4,5-Trichlorophenol	205	U
06/09/10	06/14/10	88-06-2	2,4,6-Trichlorophenol	205	U
06/09/10	06/14/10	120-83-2	2,4-Dichlorophenol	205	U
06/09/10	06/14/10	105-67-9	2,4-Dimethylphenol	205	U
06/09/10	06/14/10	51-28-5	2,4-Dinitrophenol	1020	Q
06/09/10	06/14/10	121-14-2	2,4-Dinitrotoluene	205	U
06/09/10	06/14/10	606-20-2	2,6-Dinitrotoluene	205	U
06/09/10	06/14/10	91-58-7	2-Chloronaphthalene	205	U
06/09/10	06/14/10	95-57-8	2-Chlorophenol	205	U
06/09/10	06/14/10	91-57-6	2-Methylnaphthalene	205	U
06/09/10	06/14/10	95-48-7	2-Methylphenol	205	U

06/09/10	06/14/10	88-74-4	2-Nitroaniline	1020	U
06/09/10	06/14/10	88-75-5	2-Nitrophenol	205	U
06/09/10	06/14/10	91-94-1	3,3'-Dichlorobenzidine	410	U
06/09/10	06/14/10	106-44-5	3-,4-Methylphenol	205	U
06/09/10	06/14/10	99-09-2	3-Nitroaniline	1020	U
06/09/10	06/14/10	534-52-1	4,6-Dinitro-2-methylphenol	1020	Q
06/09/10	06/14/10	101-55-3	4-Bromophenyl phenyl ether	205	U
06/09/10	06/14/10	59-50-7	4-Chloro-3-methylphenol	205	U
06/09/10	06/14/10	106-47-8	4-Chloroaniline	205	U
06/09/10	06/14/10	7005-72-3	4-Chlorophenyl phenyl ether	205	U
06/09/10	06/14/10	100-01-6	4-Nitroaniline	1020	U
06/09/10	06/14/10	100-02-7	4-Nitrophenol	1020	U
06/09/10	06/14/10	83-32-9	Acenaphthene	205	U
06/09/10	06/14/10	208-96-8	Acenaphthylene	205	U
06/09/10	06/14/10	120-12-7	Anthracene	205	U
06/09/10	06/14/10	56-55-3	Benzo(a)anthracene	205	U
06/09/10	06/14/10	50-32-8	Benzo(a)pyrene	205	U
06/09/10	06/14/10	205-99-2	Benzo(b)fluoranthene	205	U
06/09/10	06/14/10	191-24-2	Benzo(g,h,i)Perylene	205	U
06/09/10	06/14/10	207-08-9	Benzo(k)fluoranthene	205	U
06/09/10	06/14/10	65-85-0	Benzoic acid	6210	Q
06/09/10	06/14/10	100-51-6	Benzyl alcohol	205	U
06/09/10	06/14/10	111-91-1	Bis(2-Chloroethoxy)Methane	205	U
06/09/10	06/14/10	111-44-4	Bis(2-Chloroethyl)ether	205	U
06/09/10	06/14/10	108-60-1	bis(2-Chloroisopropyl)ether	205	Q
06/09/10	06/14/10	117-81-7	bis(2-Ethylhexyl)phthalate	205	U
06/09/10	06/14/10	85-68-7	Butyl benzyl phthalate	205	U
06/09/10	06/14/10	86-74-8	Carbazole	205	U
06/09/10	06/14/10	218-01-9	Chrysene	205	U
06/09/10	06/14/10	53-70-3	Dibenz(a,h)anthracene	205	U
06/09/10	06/14/10	132-64-9	Dibenzofuran	205	U
06/09/10	06/14/10	84-66-2	Diethyl phthalate	205	U
06/09/10	06/14/10	131-11-3	Dimethyl phthalate	205	U
06/09/10	06/14/10	84-74-2	Di-N-Butylphthalate	205	U
06/09/10	06/14/10	117-84-0	Di-n-octyl phthalate	205	U
06/09/10	06/14/10	206-44-0	Fluoranthene	205	U
06/09/10	06/14/10	86-73-7	Fluorene	205	U
06/09/10	06/14/10	118-74-1	Hexachlorobenzene	205	U
06/09/10	06/14/10	87-68-3	Hexachlorobutadiene	205	U
06/09/10	06/14/10	77-47-4	Hexachlorocyclopentadiene	205	U
06/09/10	06/14/10	67-72-1	Hexachloroethane	205	U
06/09/10	06/14/10	193-39-5	Indeno(1,2,3-cd)pyrene	205	U
06/09/10	06/14/10	78-59-1	Isophorone	205	U
06/09/10	06/14/10	91-20-3	Naphthalene	205	U
06/09/10	06/14/10	98-95-3	Nitrobenzene	205	U
06/09/10	06/14/10	86-30-6	N-Nitrosodiphenylamine	205	U
06/09/10	06/14/10	621-64-7	N-Nitrosodipropylamine	205	Q
06/09/10	06/14/10	87-86-5	Pentachlorophenol	1020	U
06/09/10	06/14/10	85-01-8	Phenanthrene	205	U
06/09/10	06/14/10	108-95-2	Phenol	205	U
06/09/10	06/14/10	129-00-0	Pyrene	205	U
06/09/10	06/14/10	120-82-1	1,2,4-Trichlorobenzene	211	U

06/09/10	06/14/10	95-50-1	1,2-Dichlorobenzene	211	U
06/09/10	06/14/10	541-73-1	1,3-Dichlorobenzene	211	U
06/09/10	06/14/10	106-46-7	1,4-Dichlorobenzene	211	U
06/09/10	06/14/10	95-95-4	2,4,5-Trichlorophenol	211	U
06/09/10	06/14/10	88-06-2	2,4,6-Trichlorophenol	211	U
06/09/10	06/14/10	120-83-2	2,4-Dichlorophenol	211	U
06/09/10	06/14/10	105-67-9	2,4-Dimethylphenol	211	U
06/09/10	06/14/10	51-28-5	2,4-Dinitrophenol	1050	Q
06/09/10	06/14/10	121-14-2	2,4-Dinitrotoluene	211	U
06/09/10	06/14/10	606-20-2	2,6-Dinitrotoluene	211	U
06/09/10	06/14/10	91-58-7	2-Chloronaphthalene	211	U
06/09/10	06/14/10	95-57-8	2-Chlorophenol	211	U
06/09/10	06/14/10	91-57-6	2-Methylnaphthalene	211	U
06/09/10	06/14/10	95-48-7	2-Methylphenol	211	U
06/09/10	06/14/10	88-74-4	2-Nitroaniline	1050	U
06/09/10	06/14/10	88-75-5	2-Nitrophenol	211	U
06/09/10	06/14/10	91-94-1	3,3'-Dichlorobenzidine	421	U
06/09/10	06/14/10	106-44-5	3-,4-Methylphenol	211	U
06/09/10	06/14/10	99-09-2	3-Nitroaniline	1050	U
06/09/10	06/14/10	534-52-1	4,6-Dinitro-2-methylphenol	1050	Q
06/09/10	06/14/10	101-55-3	4-Bromophenyl phenyl ether	211	U
06/09/10	06/14/10	59-50-7	4-Chloro-3-methylphenol	211	U
06/09/10	06/14/10	106-47-8	4-Chloroaniline	211	U
06/09/10	06/14/10	7005-72-3	4-Chlorophenyl phenyl ether	211	U
06/09/10	06/14/10	100-01-6	4-Nitroaniline	1050	U
06/09/10	06/14/10	100-02-7	4-Nitrophenol	1050	U
06/09/10	06/14/10	83-32-9	Acenaphthene	211	U
06/09/10	06/14/10	208-96-8	Acenaphthylene	211	U
06/09/10	06/14/10	120-12-7	Anthracene	211	U
06/09/10	06/14/10	56-55-3	Benzo(a)anthracene	211	U
06/09/10	06/14/10	50-32-8	Benzo(a)pyrene	211	U
06/09/10	06/14/10	205-99-2	Benzo(b)fluoranthene	211	U
06/09/10	06/14/10	191-24-2	Benzo(g,h,i)Perylene	211	U
06/09/10	06/14/10	207-08-9	Benzo(k)fluoranthene	211	U
06/09/10	06/14/10	65-85-0	Benzoic acid	6390	Q
06/09/10	06/14/10	100-51-6	Benzyl alcohol	211	U
06/09/10	06/14/10	111-91-1	Bis(2-Chloroethoxy)Methane	211	U
06/09/10	06/14/10	111-44-4	Bis(2-Chloroethyl)ether	211	U
06/09/10	06/14/10	108-60-1	bis(2-Chloroisopropyl)ether	211	Q
06/09/10	06/14/10	117-81-7	bis(2-Ethylhexyl)phthalate	211	U
06/09/10	06/14/10	85-68-7	Butyl benzyl phthalate	211	U
06/09/10	06/14/10	86-74-8	Carbazole	211	U
06/09/10	06/14/10	218-01-9	Chrysene	211	U
06/09/10	06/14/10	53-70-3	Dibenz(a,h)anthracene	211	U
06/09/10	06/14/10	132-64-9	Dibenzofuran	211	U
06/09/10	06/14/10	84-66-2	Diethyl phthalate	211	U
06/09/10	06/14/10	131-11-3	Dimethyl phthalate	211	U
06/09/10	06/14/10	84-74-2	Di-N-Butylphthalate	211	U
06/09/10	06/14/10	117-84-0	Di-n-octyl phthalate	211	U
06/09/10	06/14/10	206-44-0	Fluoranthene	211	U
06/09/10	06/14/10	86-73-7	Fluorene	211	U
06/09/10	06/14/10	118-74-1	Hexachlorobenzene	211	U

06/09/10	06/14/10	87-68-3	Hexachlorobutadiene	211	U
06/09/10	06/14/10	77-47-4	Hexachlorocyclopentadiene	211	U
06/09/10	06/14/10	67-72-1	Hexachloroethane	211	U
06/09/10	06/14/10	193-39-5	Indeno(1,2,3-cd)pyrene	211	U
06/09/10	06/14/10	78-59-1	Isophorone	211	U
06/09/10	06/14/10	91-20-3	Naphthalene	211	U
06/09/10	06/14/10	98-95-3	Nitrobenzene	211	U
06/09/10	06/14/10	86-30-6	N-Nitrosodiphenylamine	211	U
06/09/10	06/14/10	621-64-7	N-Nitrosodipropylamine	211	Q
06/09/10	06/14/10	87-86-5	Pentachlorophenol	1050	U
06/09/10	06/14/10	85-01-8	Phenanthrene	211	U
06/09/10	06/14/10	108-95-2	Phenol	211	U
06/09/10	06/14/10	129-00-0	Pyrene	211	U
06/09/10	06/10/10	7439-97-6	Mercury, Total	0.215	J
06/09/10	06/10/10	7439-97-6	Mercury, Total	0.203	J
06/09/10	06/10/10	7439-97-6	Mercury, Total	0.224	J
06/09/10	06/10/10	72-54-8	4,4'-DDD	2.02	UJ
06/09/10	06/10/10	72-55-9	4,4'-DDE	2.02	UJ
06/09/10	06/10/10	50-29-3	4,4'-DDT	2.02	UJ
06/09/10	06/10/10	309-00-2	Aldrin	2.02	UJ
06/09/10	06/10/10	5103-71-9	alpha Chlordane	2.02	UJ
06/09/10	06/10/10	319-84-6	alpha-BHC	2.02	UJ
06/09/10	06/10/10	319-85-7	beta-BHC	2.02	UJ
06/09/10	06/10/10	319-86-8	delta-BHC	2.02	UJ
06/09/10	06/10/10	60-57-1	Dieldrin	2.02	UJ
06/09/10	06/10/10	959-98-8	Endosulfan I	2.02	UJ
06/09/10	06/10/10	33213-65-9	Endosulfan II	2.02	UJ
06/09/10	06/10/10	1031-07-8	Endosulfan sulfate	2.02	UJ
06/09/10	06/10/10	72-20-8	Endrin	2.02	UJ
06/09/10	06/10/10	7421-93-4	Endrin aldehyde	2.02	UJ
06/09/10	06/10/10	53494-70-5	Endrin ketone	2.02	UJ
06/09/10	06/10/10	5103-74-2	gamma Chlordane	2.02	UJ
06/09/10	06/10/10	58-89-9	gamma-BHC (Lindane)	2.02	UJ
06/09/10	06/10/10	76-44-8	Heptachlor	2.02	UJ
06/09/10	06/10/10	1024-57-3	Heptachlor epoxide	2.02	UJ
06/09/10	06/10/10	72-43-5	Methoxychlor	2.02	UJ
06/09/10	06/10/10	8001-35-2	Toxaphene	40.5	UJ
06/09/10	06/10/10	72-54-8	4,4'-DDD	2.10	UJ
06/09/10	06/10/10	72-55-9	4,4'-DDE	2.10	UJ
06/09/10	06/10/10	50-29-3	4,4'-DDT	2.10	UJ
06/09/10	06/10/10	309-00-2	Aldrin	2.10	UJ
06/09/10	06/10/10	5103-71-9	alpha Chlordane	2.10	UJ
06/09/10	06/10/10	319-84-6	alpha-BHC	2.10	UJ
06/09/10	06/10/10	319-85-7	beta-BHC	2.10	UJ
06/09/10	06/10/10	319-86-8	delta-BHC	2.10	UJ
06/09/10	06/10/10	60-57-1	Dieldrin	2.10	UJ
06/09/10	06/10/10	959-98-8	Endosulfan I	2.10	UJ
06/09/10	06/10/10	33213-65-9	Endosulfan II	2.10	UJ
06/09/10	06/10/10	1031-07-8	Endosulfan sulfate	2.10	UJ
06/09/10	06/10/10	72-20-8	Endrin	2.10	UJ
06/09/10	06/10/10	7421-93-4	Endrin aldehyde	2.10	UJ
06/09/10	06/10/10	53494-70-5	Endrin ketone	2.10	UJ

06/09/10	06/10/10	5103-74-2	gamma Chlordane	2.10	UJ
06/09/10	06/10/10	58-89-9	gamma-BHC (Lindane)	2.10	UJ
06/09/10	06/10/10	76-44-8	Heptachlor	2.10	UJ
06/09/10	06/10/10	1024-57-3	Heptachlor epoxide	2.10	UJ
06/09/10	06/10/10	72-43-5	Methoxychlor	2.10	UJ
06/09/10	06/10/10	8001-35-2	Toxaphene	41.9	UJ
06/09/10	06/10/10	72-54-8	4,4'-DDD	2.09	UJ
06/09/10	06/10/10	72-55-9	4,4'-DDE	2.09	UJ
06/09/10	06/10/10	50-29-3	4,4'-DDT	2.09	UJ
06/09/10	06/10/10	309-00-2	Aldrin	2.09	UJ
06/09/10	06/10/10	5103-71-9	alpha Chlordane	2.09	UJ
06/09/10	06/10/10	319-84-6	alpha-BHC	2.09	UJ
06/09/10	06/10/10	319-85-7	beta-BHC	2.09	UJ
06/09/10	06/10/10	319-86-8	delta-BHC	2.09	UJ
06/09/10	06/10/10	60-57-1	Dieldrin	2.09	UJ
06/09/10	06/10/10	959-98-8	Endosulfan I	2.09	UJ
06/09/10	06/10/10	33213-65-9	Endosulfan II	2.09	UJ
06/09/10	06/10/10	1031-07-8	Endosulfan sulfate	2.09	UJ
06/09/10	06/10/10	72-20-8	Endrin	2.09	UJ
06/09/10	06/10/10	7421-93-4	Endrin aldehyde	2.09	UJ
06/09/10	06/10/10	53494-70-5	Endrin ketone	2.09	UJ
06/09/10	06/10/10	5103-74-2	gamma Chlordane	2.09	UJ
06/09/10	06/10/10	58-89-9	gamma-BHC (Lindane)	2.09	UJ
06/09/10	06/10/10	76-44-8	Heptachlor	2.09	UJ
06/09/10	06/10/10	1024-57-3	Heptachlor epoxide	2.09	UJ
06/09/10	06/10/10	72-43-5	Methoxychlor	2.09	UJ
06/09/10	06/10/10	8001-35-2	Toxaphene	41.8	UJ
06/09/10	06/09/10	12674-11-2	Aroclor-1016	0.0202	U
06/09/10	06/09/10	11104-28-2	Aroclor-1221	0.0202	U
06/09/10	06/09/10	11141-16-5	Aroclor-1232	0.0202	U
06/09/10	06/09/10	53469-21-9	Aroclor-1242	0.0202	U
06/09/10	06/09/10	12672-29-6	Aroclor-1248	0.0202	U
06/09/10	06/09/10	11097-69-1	Aroclor-1254	0.0202	U
06/09/10	06/09/10	11096-82-5	Aroclor-1260	0.0202	U
06/09/10	06/09/10	12674-11-2	Aroclor-1016	0.0210	U
06/09/10	06/09/10	11104-28-2	Aroclor-1221	0.0210	U
06/09/10	06/09/10	11141-16-5	Aroclor-1232	0.0210	U
06/09/10	06/09/10	53469-21-9	Aroclor-1242	0.0210	U
06/09/10	06/09/10	12672-29-6	Aroclor-1248	0.0210	U
06/09/10	06/09/10	11097-69-1	Aroclor-1254	0.0210	U
06/09/10	06/09/10	11096-82-5	Aroclor-1260	0.0210	U
06/09/10	06/09/10	12674-11-2	Aroclor-1016	0.0209	U
06/09/10	06/09/10	11104-28-2	Aroclor-1221	0.0209	U
06/09/10	06/09/10	11141-16-5	Aroclor-1232	0.0209	U
06/09/10	06/09/10	53469-21-9	Aroclor-1242	0.0209	U
06/09/10	06/09/10	12672-29-6	Aroclor-1248	0.0209	U
06/09/10	06/09/10	11097-69-1	Aroclor-1254	0.0209	U
06/09/10	06/09/10	11096-82-5	Aroclor-1260	0.0209	U
06/08/10	06/11/10	7440-38-2	Arsenic, Total	16.7	
06/08/10	06/11/10	7439-92-1	Lead, Total	38.4	
06/08/10	06/11/10	7782-49-2	Selenium, Total	0.843	
06/08/10	06/11/10	7440-28-0	Thallium, Total	0.564	

06/08/10	06/11/10	7440-38-2	Arsenic, Total	10.9	
06/08/10	06/11/10	7439-92-1	Lead, Total	38.2	
06/08/10	06/11/10	7782-49-2	Selenium, Total	0.848	
06/08/10	06/11/10	7440-28-0	Thallium, Total	0.552	
06/08/10	06/11/10	7440-38-2	Arsenic, Total	7.98	
06/08/10	06/11/10	7439-92-1	Lead, Total	37.2	
06/08/10	06/11/10	7782-49-2	Selenium, Total	0.849	
06/08/10	06/11/10	7440-28-0	Thallium, Total	0.567	
06/10/10	06/11/10	7440-36-0	Antimony, Total	0.949	U
06/10/10	06/11/10	7440-39-3	Barium, Total	17.2	
06/10/10	06/11/10	7440-41-7	Beryllium, Total	4.34	
06/10/10	06/11/10	7440-43-9	Cadmium, Total	2.23	
06/10/10	06/11/10	7440-70-2	Calcium, Total	396	
06/10/10	06/11/10	7440-48-4	Cobalt, Total	15.0	
06/10/10	06/11/10	7439-95-4	Magnesium, Total	183	
06/10/10	06/11/10	7440-09-7	Potassium, Total	357	
06/10/10	06/11/10	7440-22-4	Silver, Total	1.90	U
06/10/10	06/11/10	7440-23-5	Sodium, Total	24.9	
06/10/10	06/11/10	7440-66-6	Zinc, Total	54.3	
06/10/10	06/11/10	7429-90-5	Aluminum, Total	13500	
06/10/10	06/11/10	7439-89-6	Iron, Total	62500	B
06/10/10	06/11/10	7440-47-3	Chromium, Total	65.0	
06/10/10	06/11/10	7439-96-5	Manganese, Total	184	
06/10/10	06/11/10	7440-02-0	Nickel, Total	60.4	
06/10/10	06/11/10	7440-62-2	Vanadium, Total	108	
06/10/10	06/11/10	7429-90-5	Aluminum, Total	14200	
06/10/10	06/11/10	7439-96-5	Manganese, Total	456	
06/10/10	06/11/10	7440-36-0	Antimony, Total	0.908	U
06/10/10	06/11/10	7440-39-3	Barium, Total	17.5	
06/10/10	06/11/10	7440-41-7	Beryllium, Total	3.72	
06/10/10	06/11/10	7440-43-9	Cadmium, Total	2.12	
06/10/10	06/11/10	7440-70-2	Calcium, Total	441	
06/10/10	06/11/10	7440-47-3	Chromium, Total	43.3	
06/10/10	06/11/10	7439-95-4	Magnesium, Total	245	
06/10/10	06/11/10	7440-09-7	Potassium, Total	410	
06/10/10	06/11/10	7440-22-4	Silver, Total	1.82	U
06/10/10	06/11/10	7440-23-5	Sodium, Total	58.0	
06/10/10	06/11/10	7440-66-6	Zinc, Total	53.0	
06/10/10	06/11/10	7439-89-6	Iron, Total	59100	B
06/10/10	06/11/10	7440-48-4	Cobalt, Total	67.9	
06/10/10	06/11/10	7440-02-0	Nickel, Total	55.2	
06/10/10	06/11/10	7440-62-2	Vanadium, Total	100	
06/10/10	06/11/10	7429-90-5	Aluminum, Total	13000	
06/10/10	06/11/10	7439-96-5	Manganese, Total	300	
06/10/10	06/11/10	7440-36-0	Antimony, Total	0.957	U
06/10/10	06/11/10	7440-39-3	Barium, Total	15.9	
06/10/10	06/11/10	7440-41-7	Beryllium, Total	3.58	
06/10/10	06/11/10	7440-43-9	Cadmium, Total	2.00	
06/10/10	06/11/10	7440-70-2	Calcium, Total	396	
06/10/10	06/11/10	7440-47-3	Chromium, Total	47.0	
06/10/10	06/11/10	7439-95-4	Magnesium, Total	205	
06/10/10	06/11/10	7440-02-0	Nickel, Total	44.9	

06/10/10	06/11/10	7440-09-7	Potassium, Total	355	
06/10/10	06/11/10	7440-22-4	Silver, Total	1.91	U
06/10/10	06/11/10	7440-23-5	Sodium, Total	44.3	
06/10/10	06/11/10	7440-62-2	Vanadium, Total	92.1	
06/10/10	06/11/10	7440-66-6	Zinc, Total	47.2	
06/10/10	06/11/10	7439-89-6	Iron, Total	56600	B
06/10/10	06/11/10	7440-48-4	Cobalt, Total	38.0	
06/10/10	06/14/10	7440-50-8	Copper, Total	49.0	
06/10/10	06/14/10	7440-50-8	Copper, Total	40.9	
06/10/10	06/14/10	7440-50-8	Copper, Total	35.9	
06/10/10	06/16/10	99-35-4	1,3,5-Trinitrobenzene	0.248	U
06/10/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/10/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
06/10/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.248	U
06/10/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/10/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/10/10	06/16/10	88-72-2	2-Nitrotoluene	0.248	U
06/10/10	06/16/10	99-08-1	3-Nitrotoluene	0.248	U
06/10/10	06/16/10	99-99-0	4-Nitrotoluene	0.248	U
06/10/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/10/10	06/16/10	2691-41-0	HMX	0.248	U
06/10/10	06/16/10	98-95-3	Nitrobenzene	0.248	U
06/10/10	06/16/10	121-82-4	RDX	0.248	U
06/10/10	06/16/10	479-45-8	Tetryl	0.248	U
06/10/10	06/16/10	55-63-0	Nitroglycerin	0.248	U
06/10/10	06/22/10	78-11-5	PETN	0.248	U
06/10/10	06/16/10	99-35-4	1,3,5-Trinitrobenzene	0.249	U
06/10/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/10/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
06/10/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/10/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/10/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/10/10	06/16/10	88-72-2	2-Nitrotoluene	0.249	U
06/10/10	06/16/10	99-08-1	3-Nitrotoluene	0.249	U
06/10/10	06/16/10	99-99-0	4-Nitrotoluene	0.249	U
06/10/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/10/10	06/16/10	2691-41-0	HMX	0.249	U
06/10/10	06/16/10	98-95-3	Nitrobenzene	0.249	U
06/10/10	06/16/10	121-82-4	RDX	0.249	U
06/10/10	06/16/10	479-45-8	Tetryl	0.249	U
06/10/10	06/16/10	55-63-0	Nitroglycerin	0.249	U
06/10/10	06/22/10	78-11-5	PETN	0.249	U
06/10/10	06/16/10	99-35-4	1,3,5-Trinitrobenzene	0.247	U
06/10/10	06/16/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/10/10	06/16/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/10/10	06/16/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/10/10	06/16/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/10/10	06/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/10/10	06/16/10	88-72-2	2-Nitrotoluene	0.247	U
06/10/10	06/16/10	99-08-1	3-Nitrotoluene	0.247	U
06/10/10	06/16/10	99-99-0	4-Nitrotoluene	0.247	U
06/10/10	06/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U

06/10/10	06/16/10	2691-41-0	HMX	0.247	U
06/10/10	06/16/10	98-95-3	Nitrobenzene	0.247	U
06/10/10	06/16/10	121-82-4	RDX	0.247	U
06/10/10	06/16/10	479-45-8	Tetryl	0.247	U
06/10/10	06/22/10	78-11-5	PETN	0.247	U
06/15/10	06/15/10	pH	Corrosivity pH	3.92	
06/15/10	06/15/10	pH	Corrosivity pH	3.96	
06/15/10	06/15/10	pH	Corrosivity pH	4.01	
06/16/10	06/19/10	72-54-8	4,4'-DDD	2.04	UJ
06/16/10	06/19/10	72-55-9	4,4'-DDE	2.04	UJ
06/16/10	06/19/10	50-29-3	4,4'-DDT	2.04	UJ
06/16/10	06/19/10	309-00-2	Aldrin	2.04	UJ
06/16/10	06/19/10	5103-71-9	alpha Chlordane	2.04	UJ
06/16/10	06/19/10	319-84-6	alpha-BHC	2.04	UJ
06/16/10	06/19/10	319-85-7	beta-BHC	2.04	UJ
06/16/10	06/19/10	319-86-8	delta-BHC	2.04	UJ
06/16/10	06/19/10	60-57-1	Dieldrin	2.04	UJ
06/16/10	06/19/10	959-98-8	Endosulfan I	2.04	UJ
06/16/10	06/19/10	33213-65-9	Endosulfan II	2.04	UJ
06/16/10	06/19/10	1031-07-8	Endosulfan sulfate	2.04	UJ
06/16/10	06/19/10	72-20-8	Endrin	2.04	UJ
06/16/10	06/19/10	7421-93-4	Endrin aldehyde	2.04	UJ
06/16/10	06/19/10	53494-70-5	Endrin ketone	2.04	UJ
06/16/10	06/19/10	5103-74-2	gamma Chlordane	2.04	UJ
06/16/10	06/19/10	58-89-9	gamma-BHC (Lindane)	2.04	UJ
06/16/10	06/19/10	76-44-8	Heptachlor	2.04	UJ
06/16/10	06/19/10	1024-57-3	Heptachlor epoxide	2.04	UJ
06/16/10	06/19/10	72-43-5	Methoxychlor	2.04	UJ
06/16/10	06/19/10	8001-35-2	Toxaphene	40.9	UJ
06/16/10	06/19/10	72-54-8	4,4'-DDD	2.08	U
06/16/10	06/19/10	72-55-9	4,4'-DDE	2.08	U
06/16/10	06/19/10	50-29-3	4,4'-DDT	2.08	U
06/16/10	06/19/10	309-00-2	Aldrin	2.08	U
06/16/10	06/19/10	5103-71-9	alpha Chlordane	2.08	U
06/16/10	06/19/10	319-84-6	alpha-BHC	2.08	U
06/16/10	06/19/10	319-85-7	beta-BHC	2.08	U
06/16/10	06/19/10	319-86-8	delta-BHC	2.08	U
06/16/10	06/19/10	60-57-1	Dieldrin	2.08	U
06/16/10	06/19/10	959-98-8	Endosulfan I	2.08	U
06/16/10	06/19/10	33213-65-9	Endosulfan II	2.08	U
06/16/10	06/19/10	1031-07-8	Endosulfan sulfate	2.08	U
06/16/10	06/19/10	72-20-8	Endrin	2.08	U
06/16/10	06/19/10	7421-93-4	Endrin aldehyde	2.08	U
06/16/10	06/19/10	53494-70-5	Endrin ketone	2.08	U
06/16/10	06/19/10	5103-74-2	gamma Chlordane	2.08	U
06/16/10	06/19/10	58-89-9	gamma-BHC (Lindane)	2.08	U
06/16/10	06/19/10	76-44-8	Heptachlor	2.08	U
06/16/10	06/19/10	1024-57-3	Heptachlor epoxide	2.08	U
06/16/10	06/19/10	72-43-5	Methoxychlor	2.08	U
06/16/10	06/19/10	8001-35-2	Toxaphene	41.7	U
06/16/10	06/19/10	72-54-8	4,4'-DDD	2.10	U
06/16/10	06/19/10	72-55-9	4,4'-DDE	2.10	U

06/16/10	06/19/10	50-29-3	4,4'-DDT	2.10	U
06/16/10	06/19/10	309-00-2	Aldrin	2.10	U
06/16/10	06/19/10	5103-71-9	alpha Chlordane	2.10	U
06/16/10	06/19/10	319-84-6	alpha-BHC	2.10	U
06/16/10	06/19/10	319-85-7	beta-BHC	2.10	U
06/16/10	06/19/10	319-86-8	delta-BHC	2.10	U
06/16/10	06/19/10	60-57-1	Dieldrin	2.10	U
06/16/10	06/19/10	959-98-8	Endosulfan I	2.10	U
06/16/10	06/19/10	33213-65-9	Endosulfan II	2.10	U
06/16/10	06/19/10	1031-07-8	Endosulfan sulfate	2.10	U
06/16/10	06/19/10	72-20-8	Endrin	2.10	U
06/16/10	06/19/10	7421-93-4	Endrin aldehyde	2.10	U
06/16/10	06/19/10	53494-70-5	Endrin ketone	2.10	U
06/16/10	06/19/10	5103-74-2	gamma Chlordane	2.10	U
06/16/10	06/19/10	58-89-9	gamma-BHC (Lindane)	2.10	U
06/16/10	06/19/10	76-44-8	Heptachlor	2.10	U
06/16/10	06/19/10	1024-57-3	Heptachlor epoxide	2.10	U
06/16/10	06/19/10	72-43-5	Methoxychlor	2.10	U
06/16/10	06/19/10	8001-35-2	Toxaphene	42.0	U
06/17/10	06/21/10	120-82-1	1,2,4-Trichlorobenzene	199	UJ
06/17/10	06/21/10	95-50-1	1,2-Dichlorobenzene	199	UJ
06/17/10	06/21/10	541-73-1	1,3-Dichlorobenzene	199	UJ
06/17/10	06/21/10	106-46-7	1,4-Dichlorobenzene	199	UJ
06/17/10	06/21/10	95-95-4	2,4,5-Trichlorophenol	199	UJ
06/17/10	06/21/10	88-06-2	2,4,6-Trichlorophenol	199	UJ
06/17/10	06/21/10	120-83-2	2,4-Dichlorophenol	199	UJ
06/17/10	06/21/10	105-67-9	2,4-Dimethylphenol	199	UJ
06/17/10	06/21/10	51-28-5	2,4-Dinitrophenol	995	UJ
06/17/10	06/21/10	121-14-2	2,4-Dinitrotoluene	199	UJ
06/17/10	06/21/10	606-20-2	2,6-Dinitrotoluene	199	UJ
06/17/10	06/21/10	91-58-7	2-Chloronaphthalene	199	UJ
06/17/10	06/21/10	95-57-8	2-Chlorophenol	199	UJ
06/17/10	06/21/10	91-57-6	2-Methylnaphthalene	199	UJ
06/17/10	06/21/10	95-48-7	2-Methylphenol	199	UJ
06/17/10	06/21/10	88-74-4	2-Nitroaniline	995	UJ
06/17/10	06/21/10	88-75-5	2-Nitrophenol	199	UJ
06/17/10	06/21/10	91-94-1	3,3'-Dichlorobenzidine	398	UJ
06/17/10	06/21/10	106-44-5	3-,4-Methylphenol	199	UJ
06/17/10	06/21/10	99-09-2	3-Nitroaniline	995	UJ
06/17/10	06/21/10	534-52-1	4,6-Dinitro-2-methylphenol	995	UJ
06/17/10	06/21/10	101-55-3	4-Bromophenyl phenyl ether	199	UJ
06/17/10	06/21/10	59-50-7	4-Chloro-3-methylphenol	199	UJ
06/17/10	06/21/10	106-47-8	4-Chloroaniline	199	UJ
06/17/10	06/21/10	7005-72-3	4-Chlorophenyl phenyl ether	199	UJ
06/17/10	06/21/10	100-01-6	4-Nitroaniline	995	UJ
06/17/10	06/21/10	100-02-7	4-Nitrophenol	995	UJ
06/17/10	06/21/10	83-32-9	Acenaphthene	199	UJ
06/17/10	06/21/10	208-96-8	Acenaphthylene	199	UJ
06/17/10	06/21/10	120-12-7	Anthracene	199	UJ
06/17/10	06/21/10	56-55-3	Benzo(a)anthracene	199	UJ
06/17/10	06/21/10	50-32-8	Benzo(a)pyrene	199	UJ
06/17/10	06/21/10	205-99-2	Benzo(b)fluoranthene	199	UJ

06/17/10	06/21/10	191-24-2	Benzo(g,h,i)Perylene	199	Q
06/17/10	06/21/10	207-08-9	Benzo(k)fluoranthene	199	UJ
06/17/10	06/21/10	65-85-0	Benzoic acid	6030	Q
06/17/10	06/21/10	100-51-6	Benzyl alcohol	199	UJ
06/17/10	06/21/10	111-91-1	Bis(2-Chloroethoxy)Methane	199	UJ
06/17/10	06/21/10	111-44-4	Bis(2-Chloroethyl)ether	199	UJ
06/17/10	06/21/10	108-60-1	bis(2-Chloroisopropyl)ether	199	UJ
06/17/10	06/21/10	117-81-7	bis(2-Ethylhexyl)phthalate	199	UJ
06/17/10	06/21/10	85-68-7	Butyl benzyl phthalate	199	UJ
06/17/10	06/21/10	86-74-8	Carbazole	199	UJ
06/17/10	06/21/10	218-01-9	Chrysene	199	UJ
06/17/10	06/21/10	53-70-3	Dibenz(a,h)anthracene	199	UJ
06/17/10	06/21/10	132-64-9	Dibenzofuran	199	UJ
06/17/10	06/21/10	84-66-2	Diethyl phthalate	199	UJ
06/17/10	06/21/10	131-11-3	Dimethyl phthalate	199	UJ
06/17/10	06/21/10	84-74-2	Di-N-Butylphthalate	199	UJ
06/17/10	06/21/10	117-84-0	Di-n-octyl phthalate	199	UJ
06/17/10	06/21/10	206-44-0	Fluoranthene	199	UJ
06/17/10	06/21/10	86-73-7	Fluorene	199	UJ
06/17/10	06/21/10	118-74-1	Hexachlorobenzene	199	UJ
06/17/10	06/21/10	87-68-3	Hexachlorobutadiene	199	UJ
06/17/10	06/21/10	77-47-4	Hexachlorocyclopentadiene	199	UJ
06/17/10	06/21/10	67-72-1	Hexachloroethane	199	UJ
06/17/10	06/21/10	193-39-5	Indeno(1,2,3-cd)pyrene	199	UJ
06/17/10	06/21/10	78-59-1	Isophorone	199	UJ
06/17/10	06/21/10	91-20-3	Naphthalene	199	UJ
06/17/10	06/21/10	98-95-3	Nitrobenzene	199	UJ
06/17/10	06/21/10	86-30-6	N-Nitrosodiphenylamine	199	UJ
06/17/10	06/21/10	621-64-7	N-Nitrosodipropylamine	199	UJ
06/17/10	06/21/10	87-86-5	Pentachlorophenol	995	UJ
06/17/10	06/21/10	85-01-8	Phenanthrene	199	UJ
06/17/10	06/21/10	108-95-2	Phenol	199	UJ
06/17/10	06/21/10	129-00-0	Pyrene	199	UJ
06/17/10	06/21/10	120-82-1	1,2,4-Trichlorobenzene	205	UJ
06/17/10	06/21/10	95-50-1	1,2-Dichlorobenzene	205	UJ
06/17/10	06/21/10	541-73-1	1,3-Dichlorobenzene	205	UJ
06/17/10	06/21/10	106-46-7	1,4-Dichlorobenzene	205	UJ
06/17/10	06/21/10	95-95-4	2,4,5-Trichlorophenol	205	UJ
06/17/10	06/21/10	88-06-2	2,4,6-Trichlorophenol	205	UJ
06/17/10	06/21/10	120-83-2	2,4-Dichlorophenol	205	UJ
06/17/10	06/21/10	105-67-9	2,4-Dimethylphenol	205	UJ
06/17/10	06/21/10	51-28-5	2,4-Dinitrophenol	1030	UJ
06/17/10	06/21/10	121-14-2	2,4-Dinitrotoluene	205	UJ
06/17/10	06/21/10	606-20-2	2,6-Dinitrotoluene	205	UJ
06/17/10	06/21/10	91-58-7	2-Chloronaphthalene	205	UJ
06/17/10	06/21/10	95-57-8	2-Chlorophenol	205	UJ
06/17/10	06/21/10	91-57-6	2-Methylnaphthalene	205	UJ
06/17/10	06/21/10	95-48-7	2-Methylphenol	205	UJ
06/17/10	06/21/10	88-74-4	2-Nitroaniline	1030	UJ
06/17/10	06/21/10	88-75-5	2-Nitrophenol	205	UJ
06/17/10	06/21/10	91-94-1	3,3'-Dichlorobenzidine	410	UJ
06/17/10	06/21/10	106-44-5	3-,4-Methylphenol	205	UJ

06/17/10	06/21/10	99-09-2	3-Nitroaniline	1030	UJ
06/17/10	06/21/10	534-52-1	4,6-Dinitro-2-methylphenol	1030	UJ
06/17/10	06/21/10	101-55-3	4-Bromophenyl phenyl ether	205	UJ
06/17/10	06/21/10	59-50-7	4-Chloro-3-methylphenol	205	UJ
06/17/10	06/21/10	106-47-8	4-Chloroaniline	205	UJ
06/17/10	06/21/10	7005-72-3	4-Chlorophenyl phenyl ether	205	UJ
06/17/10	06/21/10	100-01-6	4-Nitroaniline	1030	UJ
06/17/10	06/21/10	100-02-7	4-Nitrophenol	1030	UJ
06/17/10	06/21/10	83-32-9	Acenaphthene	205	UJ
06/17/10	06/21/10	208-96-8	Acenaphthylene	205	UJ
06/17/10	06/21/10	120-12-7	Anthracene	205	UJ
06/17/10	06/21/10	56-55-3	Benzo(a)anthracene	205	UJ
06/17/10	06/21/10	50-32-8	Benzo(a)pyrene	205	UJ
06/17/10	06/21/10	205-99-2	Benzo(b)fluoranthene	205	UJ
06/17/10	06/21/10	191-24-2	Benzo(g,h,i)Perylene	205	Q
06/17/10	06/21/10	207-08-9	Benzo(k)fluoranthene	205	UJ
06/17/10	06/21/10	65-85-0	Benzoic acid	6210	Q
06/17/10	06/21/10	100-51-6	Benzyl alcohol	205	UJ
06/17/10	06/21/10	111-91-1	Bis(2-Chloroethoxy)Methane	205	UJ
06/17/10	06/21/10	111-44-4	Bis(2-Chloroethyl)ether	205	UJ
06/17/10	06/21/10	108-60-1	bis(2-Chloroisopropyl)ether	205	UJ
06/17/10	06/21/10	117-81-7	bis(2-Ethylhexyl)phthalate	205	UJ
06/17/10	06/21/10	85-68-7	Butyl benzyl phthalate	205	UJ
06/17/10	06/21/10	86-74-8	Carbazole	205	UJ
06/17/10	06/21/10	218-01-9	Chrysene	205	UJ
06/17/10	06/21/10	53-70-3	Dibenz(a,h)anthracene	205	UJ
06/17/10	06/21/10	132-64-9	Dibenzofuran	205	UJ
06/17/10	06/21/10	84-66-2	Diethyl phthalate	205	UJ
06/17/10	06/21/10	131-11-3	Dimethyl phthalate	205	UJ
06/17/10	06/21/10	84-74-2	Di-N-Butylphthalate	205	UJ
06/17/10	06/21/10	117-84-0	Di-n-octyl phthalate	205	UJ
06/17/10	06/21/10	206-44-0	Fluoranthene	205	UJ
06/17/10	06/21/10	86-73-7	Fluorene	205	UJ
06/17/10	06/21/10	118-74-1	Hexachlorobenzene	205	UJ
06/17/10	06/21/10	87-68-3	Hexachlorobutadiene	205	UJ
06/17/10	06/21/10	77-47-4	Hexachlorocyclopentadiene	205	UJ
06/17/10	06/21/10	67-72-1	Hexachloroethane	205	UJ
06/17/10	06/21/10	193-39-5	Indeno(1,2,3-cd)pyrene	205	UJ
06/17/10	06/21/10	78-59-1	Isophorone	205	UJ
06/17/10	06/21/10	91-20-3	Naphthalene	205	UJ
06/17/10	06/21/10	98-95-3	Nitrobenzene	205	UJ
06/17/10	06/21/10	86-30-6	N-Nitrosodiphenylamine	205	UJ
06/17/10	06/21/10	621-64-7	N-Nitrosodipropylamine	205	UJ
06/17/10	06/21/10	87-86-5	Pentachlorophenol	1030	UJ
06/17/10	06/21/10	85-01-8	Phenanthrene	205	UJ
06/17/10	06/21/10	108-95-2	Phenol	205	UJ
06/17/10	06/21/10	129-00-0	Pyrene	205	UJ
06/17/10	06/21/10	120-82-1	1,2,4-Trichlorobenzene	214	UJ
06/17/10	06/21/10	95-50-1	1,2-Dichlorobenzene	214	UJ
06/17/10	06/21/10	541-73-1	1,3-Dichlorobenzene	214	UJ
06/17/10	06/21/10	106-46-7	1,4-Dichlorobenzene	214	UJ
06/17/10	06/21/10	95-95-4	2,4,5-Trichlorophenol	214	UJ

06/17/10	06/21/10	88-06-2	2,4,6-Trichlorophenol	214	UJ
06/17/10	06/21/10	120-83-2	2,4-Dichlorophenol	214	UJ
06/17/10	06/21/10	105-67-9	2,4-Dimethylphenol	214	UJ
06/17/10	06/21/10	51-28-5	2,4-Dinitrophenol	1070	UJ
06/17/10	06/21/10	121-14-2	2,4-Dinitrotoluene	214	UJ
06/17/10	06/21/10	606-20-2	2,6-Dinitrotoluene	214	UJ
06/17/10	06/21/10	91-58-7	2-Chloronaphthalene	214	UJ
06/17/10	06/21/10	95-57-8	2-Chlorophenol	214	UJ
06/17/10	06/21/10	91-57-6	2-Methylnaphthalene	214	UJ
06/17/10	06/21/10	95-48-7	2-Methylphenol	214	UJ
06/17/10	06/21/10	88-74-4	2-Nitroaniline	1070	UJ
06/17/10	06/21/10	88-75-5	2-Nitrophenol	214	UJ
06/17/10	06/21/10	91-94-1	3,3'-Dichlorobenzidine	428	UJ
06/17/10	06/21/10	106-44-5	3-,4-Methylphenol	214	UJ
06/17/10	06/21/10	99-09-2	3-Nitroaniline	1070	UJ
06/17/10	06/21/10	534-52-1	4,6-Dinitro-2-methylphenol	1070	UJ
06/17/10	06/21/10	101-55-3	4-Bromophenyl phenyl ether	214	UJ
06/17/10	06/21/10	59-50-7	4-Chloro-3-methylphenol	214	UJ
06/17/10	06/21/10	106-47-8	4-Chloroaniline	214	UJ
06/17/10	06/21/10	7005-72-3	4-Chlorophenyl phenyl ether	214	UJ
06/17/10	06/21/10	100-01-6	4-Nitroaniline	1070	UJ
06/17/10	06/21/10	100-02-7	4-Nitrophenol	1070	UJ
06/17/10	06/21/10	83-32-9	Acenaphthene	214	UJ
06/17/10	06/21/10	208-96-8	Acenaphthylene	214	UJ
06/17/10	06/21/10	120-12-7	Anthracene	214	UJ
06/17/10	06/21/10	56-55-3	Benzo(a)anthracene	214	UJ
06/17/10	06/21/10	50-32-8	Benzo(a)pyrene	214	UJ
06/17/10	06/21/10	205-99-2	Benzo(b)fluoranthene	214	UJ
06/17/10	06/21/10	191-24-2	Benzo(g,h,i)Perylene	214	Q
06/17/10	06/21/10	207-08-9	Benzo(k)fluoranthene	214	UJ
06/17/10	06/21/10	65-85-0	Benzoic acid	6480	Q
06/17/10	06/21/10	100-51-6	Benzyl alcohol	214	UJ
06/17/10	06/21/10	111-91-1	Bis(2-Chloroethoxy)Methane	214	UJ
06/17/10	06/21/10	111-44-4	Bis(2-Chloroethyl)ether	214	UJ
06/17/10	06/21/10	108-60-1	bis(2-Chloroisopropyl)ether	214	UJ
06/17/10	06/21/10	117-81-7	bis(2-Ethylhexyl)phthalate	214	UJ
06/17/10	06/21/10	85-68-7	Butyl benzyl phthalate	214	UJ
06/17/10	06/21/10	86-74-8	Carbazole	214	UJ
06/17/10	06/21/10	218-01-9	Chrysene	214	UJ
06/17/10	06/21/10	53-70-3	Dibenz(a,h)anthracene	214	UJ
06/17/10	06/21/10	132-64-9	Dibenzofuran	214	UJ
06/17/10	06/21/10	84-66-2	Diethyl phthalate	214	UJ
06/17/10	06/21/10	131-11-3	Dimethyl phthalate	214	UJ
06/17/10	06/21/10	84-74-2	Di-N-Butylphthalate	214	UJ
06/17/10	06/21/10	117-84-0	Di-n-octyl phthalate	214	UJ
06/17/10	06/21/10	206-44-0	Fluoranthene	214	UJ
06/17/10	06/21/10	86-73-7	Fluorene	214	UJ
06/17/10	06/21/10	118-74-1	Hexachlorobenzene	214	UJ
06/17/10	06/21/10	87-68-3	Hexachlorobutadiene	214	UJ
06/17/10	06/21/10	77-47-4	Hexachlorocyclopentadiene	214	UJ
06/17/10	06/21/10	67-72-1	Hexachloroethane	214	UJ
06/17/10	06/21/10	193-39-5	Indeno(1,2,3-cd)pyrene	214	UJ

06/17/10	06/21/10	78-59-1	Isophorone	214	UJ
06/17/10	06/21/10	91-20-3	Naphthalene	214	UJ
06/17/10	06/21/10	98-95-3	Nitrobenzene	214	UJ
06/17/10	06/21/10	86-30-6	N-Nitrosodiphenylamine	214	UJ
06/17/10	06/21/10	621-64-7	N-Nitrosodipropylamine	214	UJ
06/17/10	06/21/10	87-86-5	Pentachlorophenol	1070	UJ
06/17/10	06/21/10	85-01-8	Phenanthrene	214	UJ
06/17/10	06/21/10	108-95-2	Phenol	214	UJ
06/17/10	06/21/10	129-00-0	Pyrene	214	UJ
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0182	UJ
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0177	UJ
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0189	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0141	J
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0175	U
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0184	U
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.1850	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.1520	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0257	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0179	U
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0191	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0538	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0157	J
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0677	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0188	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0197	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.1020	
06/11/10	06/14/10	11097-69-1	Aroclor-1254	0.0223	
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	0.0183	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	0.0179	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	0.135	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	0.2	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	0.0125	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	0.0283	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	0.11	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	0.272	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	0.0273	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	0.07	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	0.0209	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	0.0353	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	0.02	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	0.0216	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	0.0182	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	3.65	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	1.88	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	3.76	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	1.79	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	3.57	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	1.79	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	3.58	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	1.69	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	3.39	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	1.68	UJ

06/11/10	06/20/10	60-57-1	Dieldrin	3.36	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	1.79	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	3.58	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	1.85	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	3.70	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	1.82	UJ
06/11/10	06/20/10	60-57-1	Dieldrin	3.64	UJ
06/11/10	06/20/10	1024-57-3	Heptachlor epoxide	1.78	U
06/11/10	06/20/10	60-57-1	Dieldrin	3.56	U
06/11/10	06/21/10	1024-57-3	Heptachlor epoxide	1.82	UJ
06/11/10	06/21/10	60-57-1	Dieldrin	3.64	UJ
06/10/10	06/16/10	7439-92-1	Lead, Total	27.5	
06/10/10	06/16/10	7439-92-1	Lead, Total	9.43	
06/10/10	06/16/10	7439-92-1	Lead, Total	41.8	
06/10/10	06/16/10	7439-92-1	Lead, Total	44.5	
06/10/10	06/16/10	7439-92-1	Lead, Total	38.7	
06/10/10	06/16/10	7439-92-1	Lead, Total	23.0	
06/10/10	06/16/10	7439-92-1	Lead, Total	617	
06/10/10	06/16/10	7439-92-1	Lead, Total	198	
06/10/10	06/16/10	7439-92-1	Lead, Total	19.1	
06/10/10	06/16/10	7439-92-1	Lead, Total	142	
06/10/10	06/16/10	7439-92-1	Lead, Total	87.2	
06/10/10	06/16/10	7439-92-1	Lead, Total	76.3	
06/10/10	06/16/10	7439-92-1	Lead, Total	35.1	
06/10/10	06/16/10	7439-92-1	Lead, Total	88.2	
06/10/10	06/16/10	7439-92-1	Lead, Total	8.27	
06/10/10	06/16/10	7439-92-1	Lead, Total	74.5	
06/10/10	06/16/10	7439-92-1	Lead, Total	399	
06/10/10	06/16/10	7439-92-1	Lead, Total	139	
06/13/10	06/17/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/13/10	06/17/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/13/10	06/17/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/13/10	06/17/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/13/10	06/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/13/10	06/17/10	88-72-2	2-Nitrotoluene	0.247	U
06/13/10	06/17/10	99-99-0	4-Nitrotoluene	0.247	U
06/13/10	06/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/13/10	06/17/10	121-82-4	RDX	0.247	U
06/13/10	06/17/10	55-63-0	Nitroglycerin	0.247	U
06/13/10	06/17/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/13/10	06/17/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/13/10	06/17/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/13/10	06/17/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/13/10	06/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/13/10	06/17/10	88-72-2	2-Nitrotoluene	0.247	U
06/13/10	06/17/10	99-99-0	4-Nitrotoluene	0.247	U
06/13/10	06/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/13/10	06/17/10	121-82-4	RDX	0.247	U
06/13/10	06/17/10	55-63-0	Nitroglycerin	0.247	U
06/13/10	06/17/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/13/10	06/17/10	121-14-2	2,4-Dinitrotoluene	0.106	J
06/13/10	06/17/10	606-20-2	2,6-Dinitrotoluene	0.246	U

06/13/10	06/17/10	118-96-7	2,4,6-Trinitrotoluene	0.357	
06/13/10	06/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/13/10	06/17/10	88-72-2	2-Nitrotoluene	0.246	U
06/13/10	06/17/10	99-99-0	4-Nitrotoluene	0.246	U
06/13/10	06/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/13/10	06/17/10	121-82-4	RDX	0.246	U
06/13/10	06/17/10	55-63-0	Nitroglycerin	1.44	
06/13/10	06/20/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/13/10	06/20/10	121-14-2	2,4-Dinitrotoluene	0.141	J
06/13/10	06/20/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/13/10	06/20/10	118-96-7	2,4,6-Trinitrotoluene	0.341	
06/13/10	06/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/13/10	06/20/10	88-72-2	2-Nitrotoluene	0.246	U
06/13/10	06/20/10	99-99-0	4-Nitrotoluene	0.246	U
06/13/10	06/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/13/10	06/20/10	121-82-4	RDX	0.246	U
06/13/10	06/17/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/13/10	06/17/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/13/10	06/17/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/13/10	06/17/10	118-96-7	2,4,6-Trinitrotoluene	0.181	J
06/13/10	06/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/13/10	06/17/10	88-72-2	2-Nitrotoluene	0.245	U
06/13/10	06/17/10	99-99-0	4-Nitrotoluene	0.245	U
06/13/10	06/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/13/10	06/17/10	121-82-4	RDX	0.245	U
06/13/10	06/17/10	55-63-0	Nitroglycerin	0.245	U
06/13/10	06/20/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/13/10	06/20/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/13/10	06/20/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/13/10	06/20/10	118-96-7	2,4,6-Trinitrotoluene	0.151	J
06/13/10	06/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/13/10	06/20/10	88-72-2	2-Nitrotoluene	0.245	U
06/13/10	06/20/10	99-99-0	4-Nitrotoluene	0.245	U
06/13/10	06/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/13/10	06/20/10	121-82-4	RDX	0.245	U
06/13/10	06/17/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/13/10	06/17/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/13/10	06/17/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/13/10	06/17/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/13/10	06/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/13/10	06/17/10	88-72-2	2-Nitrotoluene	0.247	U
06/13/10	06/17/10	99-99-0	4-Nitrotoluene	0.247	U
06/13/10	06/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/13/10	06/17/10	121-82-4	RDX	0.247	U
06/13/10	06/17/10	55-63-0	Nitroglycerin	0.247	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.252	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.252	U
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.252	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.306	
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.252	U
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.252	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.252	U

06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	U
06/13/10	06/18/10	121-82-4	RDX	0.252	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	0.252	U
06/13/10	06/20/10	99-65-0	1,3-Dinitrobenzene	0.252	U
06/13/10	06/20/10	121-14-2	2,4-Dinitrotoluene	0.252	U
06/13/10	06/20/10	606-20-2	2,6-Dinitrotoluene	0.252	U
06/13/10	06/20/10	118-96-7	2,4,6-Trinitrotoluene	0.301	
06/13/10	06/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.252	U
06/13/10	06/20/10	88-72-2	2-Nitrotoluene	0.252	U
06/13/10	06/20/10	99-99-0	4-Nitrotoluene	0.252	U
06/13/10	06/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	U
06/13/10	06/20/10	121-82-4	RDX	0.252	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.631	
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	2.77	
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.03	
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.248	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.248	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.00	
06/13/10	06/18/10	121-82-4	RDX	0.248	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	4.60	
06/13/10	06/20/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/13/10	06/20/10	121-14-2	2,4-Dinitrotoluene	0.627	
06/13/10	06/20/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/13/10	06/20/10	118-96-7	2,4,6-Trinitrotoluene	2.88	
06/13/10	06/20/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.657	
06/13/10	06/20/10	88-72-2	2-Nitrotoluene	0.248	U
06/13/10	06/20/10	99-99-0	4-Nitrotoluene	0.248	U
06/13/10	06/20/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.800	
06/13/10	06/20/10	121-82-4	RDX	0.248	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.371	
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	7.85	
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.829	
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.251	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.251	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.872	
06/13/10	06/18/10	121-82-4	RDX	0.251	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	1.32	
06/13/10	06/21/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/13/10	06/21/10	121-14-2	2,4-Dinitrotoluene	0.401	
06/13/10	06/21/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/13/10	06/21/10	118-96-7	2,4,6-Trinitrotoluene	8.20	
06/13/10	06/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.750	
06/13/10	06/21/10	88-72-2	2-Nitrotoluene	0.251	U
06/13/10	06/21/10	99-99-0	4-Nitrotoluene	0.251	U
06/13/10	06/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.781	
06/13/10	06/21/10	121-82-4	RDX	0.251	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.132	J

06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	5.67	
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.280	
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.248	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.248	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.198	J
06/13/10	06/18/10	121-82-4	RDX	0.248	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	1.40	
06/13/10	06/21/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/13/10	06/21/10	121-14-2	2,4-Dinitrotoluene	0.164	J
06/13/10	06/21/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/13/10	06/21/10	118-96-7	2,4,6-Trinitrotoluene	5.89	
06/13/10	06/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.269	
06/13/10	06/21/10	88-72-2	2-Nitrotoluene	0.248	U
06/13/10	06/21/10	99-99-0	4-Nitrotoluene	0.248	U
06/13/10	06/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	
06/13/10	06/21/10	121-82-4	RDX	0.248	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.408	
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.245	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.245	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/13/10	06/18/10	121-82-4	RDX	0.245	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	0.245	U
06/13/10	06/21/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/13/10	06/21/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/13/10	06/21/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/13/10	06/21/10	118-96-7	2,4,6-Trinitrotoluene	0.417	
06/13/10	06/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/13/10	06/21/10	88-72-2	2-Nitrotoluene	0.245	U
06/13/10	06/21/10	99-99-0	4-Nitrotoluene	0.245	U
06/13/10	06/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/13/10	06/21/10	121-82-4	RDX	0.245	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.397	
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.249	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.249	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/13/10	06/18/10	121-82-4	RDX	0.249	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	3.20	
06/13/10	06/21/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/13/10	06/21/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/13/10	06/21/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/13/10	06/21/10	118-96-7	2,4,6-Trinitrotoluene	0.383	
06/13/10	06/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/13/10	06/21/10	88-72-2	2-Nitrotoluene	0.249	U

06/13/10	06/21/10	99-99-0	4-Nitrotoluene	0.249	U
06/13/10	06/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/13/10	06/21/10	121-82-4	RDX	0.249	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.199	J
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.556	
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.248	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.248	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.116	J
06/13/10	06/18/10	121-82-4	RDX	0.248	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	1.27	
06/13/10	06/21/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/13/10	06/21/10	121-14-2	2,4-Dinitrotoluene	0.193	J
06/13/10	06/21/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/13/10	06/21/10	118-96-7	2,4,6-Trinitrotoluene	0.565	
06/13/10	06/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/13/10	06/21/10	88-72-2	2-Nitrotoluene	0.248	U
06/13/10	06/21/10	99-99-0	4-Nitrotoluene	0.248	U
06/13/10	06/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.136	J
06/13/10	06/21/10	121-82-4	RDX	0.248	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.194	J
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.249	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.249	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/13/10	06/18/10	121-82-4	RDX	0.249	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	2.11	
06/13/10	06/21/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/13/10	06/21/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/13/10	06/21/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/13/10	06/21/10	118-96-7	2,4,6-Trinitrotoluene	0.198	J
06/13/10	06/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/13/10	06/21/10	88-72-2	2-Nitrotoluene	0.249	U
06/13/10	06/21/10	99-99-0	4-Nitrotoluene	0.249	U
06/13/10	06/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/13/10	06/21/10	121-82-4	RDX	0.249	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.184	J
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.392	
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.203	J
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.248	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.248	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.168	J
06/13/10	06/18/10	121-82-4	RDX	0.248	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	0.248	U
06/13/10	06/21/10	99-65-0	1,3-Dinitrobenzene	0.248	U

06/13/10	06/21/10	121-14-2	2,4-Dinitrotoluene	0.171	J
06/13/10	06/21/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/13/10	06/21/10	118-96-7	2,4,6-Trinitrotoluene	0.396	
06/13/10	06/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.210	J
06/13/10	06/21/10	88-72-2	2-Nitrotoluene	0.248	U
06/13/10	06/21/10	99-99-0	4-Nitrotoluene	0.248	U
06/13/10	06/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.124	J
06/13/10	06/21/10	121-82-4	RDX	0.248	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.251	U
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.251	U
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	U
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.251	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.251	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U
06/13/10	06/18/10	121-82-4	RDX	0.251	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	0.251	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	3.06	
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.218	J
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.0997	J
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.249	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.249	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/13/10	06/18/10	121-82-4	RDX	0.249	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	0.249	U
06/13/10	06/21/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/13/10	06/21/10	121-14-2	2,4-Dinitrotoluene	3.08	
06/13/10	06/21/10	606-20-2	2,6-Dinitrotoluene	0.202	J
06/13/10	06/21/10	118-96-7	2,4,6-Trinitrotoluene	0.113	J
06/13/10	06/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/13/10	06/21/10	88-72-2	2-Nitrotoluene	0.249	U
06/13/10	06/21/10	99-99-0	4-Nitrotoluene	0.249	U
06/13/10	06/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/13/10	06/21/10	121-82-4	RDX	0.249	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.142	J
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.369	
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.245	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.245	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.137	J
06/13/10	06/18/10	121-82-4	RDX	0.245	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	0.245	U
06/13/10	06/21/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/13/10	06/21/10	121-14-2	2,4-Dinitrotoluene	0.198	J
06/13/10	06/21/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/13/10	06/21/10	118-96-7	2,4,6-Trinitrotoluene	0.387	
06/13/10	06/21/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U

06/13/10	06/21/10	88-72-2	2-Nitrotoluene	0.245	U
06/13/10	06/21/10	99-99-0	4-Nitrotoluene	0.245	U
06/13/10	06/21/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.176	J
06/13/10	06/21/10	121-82-4	RDX	0.245	U
06/13/10	06/18/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/13/10	06/18/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/13/10	06/18/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/13/10	06/18/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/13/10	06/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/13/10	06/18/10	88-72-2	2-Nitrotoluene	0.250	U
06/13/10	06/18/10	99-99-0	4-Nitrotoluene	0.250	U
06/13/10	06/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/13/10	06/18/10	121-82-4	RDX	0.250	U
06/13/10	06/18/10	55-63-0	Nitroglycerin	3.87	
06/16/10	06/19/10	11097-69-1	Aroclor-1254	0.0183	U
06/16/10	06/19/10	11097-69-1	Aroclor-1254	0.0179	U
06/23/10	06/24/10	1024-57-3	Heptachlor epoxide	1.94	UJ
06/23/10	06/24/10	60-57-1	Dieldrin	3.88	UJ
06/23/10	06/24/10	1024-57-3	Heptachlor epoxide	1.98	UJ
06/23/10	06/24/10	60-57-1	Dieldrin	3.96	UJ
06/18/10	06/18/10	7439-92-1	Lead, Total	159	
06/18/10	06/19/10	7439-92-1	Lead, Total	50.3	
06/18/10	06/19/10	7439-92-1	Lead, Total	967	
06/18/10	06/19/10	7439-92-1	Lead, Total	151	
06/18/10	06/19/10	7439-92-1	Lead, Total	31.0	
06/18/10	06/19/10	7439-92-1	Lead, Total	23.3	
06/18/10	06/19/10	7439-92-1	Lead, Total	12.5	
06/18/10	06/19/10	7439-92-1	Lead, Total	9.94	
06/18/10	06/19/10	7439-92-1	Lead, Total	9.27	
06/18/10	06/19/10	7439-92-1	Lead, Total	12.7	
06/18/10	06/19/10	7439-92-1	Lead, Total	7.68	
06/18/10	06/19/10	7439-92-1	Lead, Total	8.94	
06/18/10	06/19/10	7439-92-1	Lead, Total	8.72	
06/18/10	06/19/10	7439-92-1	Lead, Total	28.1	
06/18/10	06/19/10	7439-92-1	Lead, Total	12.1	
06/18/10	06/19/10	7439-92-1	Lead, Total	18.3	
06/18/10	06/19/10	7439-92-1	Lead, Total	27.0	
06/18/10	06/19/10	7439-92-1	Lead, Total	11.3	
06/18/10	06/19/10	7439-92-1	Lead, Total	25.1	
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.1350	
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.2000	
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0125	J
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.0283	
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.1100	J
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.2720	J
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0273	
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.0711	
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0209	J
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.0353	
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0187	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0216	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0182	U

06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0186	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0184	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0188	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0177	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0220	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0186	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0177	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0176	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0226	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0172	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0184	U
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	0.0181	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	0.0646	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.134	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0258	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	0.0346	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	0.0163	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0397	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	1.51	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	1.97	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	2.81	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0842	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.216	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0747	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.166	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0179	U
06/18/10	06/23/10	60-57-1	Dieldrin	0.0179	U
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0175	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0182	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0208	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0215	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0182	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0179	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0182	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0186	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.02	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0181	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0179	U
06/18/10	06/23/10	60-57-1	Dieldrin	0.0864	U
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0733	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0876	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0915	U
06/18/10	06/23/10	60-57-1	Dieldrin	0.0883	U
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.112	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0174	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0178	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0246	UJ
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	0.0373	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	0.0188	UJ
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	0.288	
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.113	J

06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	0.905	
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.162	J
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.246	U
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.246	U
06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.161	J
06/21/10	06/29/10	121-82-4	RDX	0.246	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	0.344	
06/21/10	07/02/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/21/10	07/02/10	121-14-2	2,4-Dinitrotoluene	0.295	
06/21/10	07/02/10	606-20-2	2,6-Dinitrotoluene	0.116	J
06/21/10	07/02/10	118-96-7	2,4,6-Trinitrotoluene	0.929	
06/21/10	07/02/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.136	J
06/21/10	07/02/10	88-72-2	2-Nitrotoluene	0.246	U
06/21/10	07/02/10	99-99-0	4-Nitrotoluene	0.246	U
06/21/10	07/02/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.135	J
06/21/10	07/02/10	121-82-4	RDX	0.246	U
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.252	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	0.252	U
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.252	U
06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	0.179	J
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.252	U
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.252	U
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.252	U
06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	U
06/21/10	06/29/10	121-82-4	RDX	0.252	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	0.387	
06/21/10	07/02/10	99-65-0	1,3-Dinitrobenzene	0.252	U
06/21/10	07/02/10	121-14-2	2,4-Dinitrotoluene	0.252	U
06/21/10	07/02/10	606-20-2	2,6-Dinitrotoluene	0.252	U
06/21/10	07/02/10	118-96-7	2,4,6-Trinitrotoluene	0.165	J
06/21/10	07/02/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.252	U
06/21/10	07/02/10	88-72-2	2-Nitrotoluene	0.252	U
06/21/10	07/02/10	99-99-0	4-Nitrotoluene	0.252	U
06/21/10	07/02/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	U
06/21/10	07/02/10	121-82-4	RDX	0.252	U
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	1.8	
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.550	
06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	31.4	J
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.99	
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.246	U
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.246	U
06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	3.15	
06/21/10	06/29/10	121-82-4	RDX	0.246	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	54.4	J
06/21/10	07/01/10	99-65-0	1,3-Dinitrobenzene	2.46	U
06/21/10	07/01/10	121-14-2	2,4-Dinitrotoluene	1.83	J
06/21/10	07/01/10	606-20-2	2,6-Dinitrotoluene	2.46	U
06/21/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	31.1	
06/21/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.45	J
06/21/10	07/01/10	88-72-2	2-Nitrotoluene	2.46	U
06/21/10	07/01/10	99-99-0	4-Nitrotoluene	2.46	U

06/21/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.68	
06/21/10	07/01/10	121-82-4	RDX	2.46	U
06/21/10	07/01/10	55-63-0	Nitroglycerin	54.5	
06/21/10	07/02/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/21/10	07/02/10	121-14-2	2,4-Dinitrotoluene	1.8	
06/21/10	07/02/10	606-20-2	2,6-Dinitrotoluene	0.541	
06/21/10	07/02/10	118-96-7	2,4,6-Trinitrotoluene	32.2	J
06/21/10	07/02/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.98	
06/21/10	07/02/10	88-72-2	2-Nitrotoluene	0.246	U
06/21/10	07/02/10	99-99-0	4-Nitrotoluene	0.246	U
06/21/10	07/02/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.98	
06/21/10	07/02/10	121-82-4	RDX	0.246	U
06/21/10	07/02/10	99-65-0	1,3-Dinitrobenzene	2.46	U
06/21/10	07/02/10	121-14-2	2,4-Dinitrotoluene	1.79	J
06/21/10	07/02/10	606-20-2	2,6-Dinitrotoluene	2.46	U
06/21/10	07/02/10	118-96-7	2,4,6-Trinitrotoluene	31.5	
06/21/10	07/02/10	35572-78-2	2-Amino-4,6-dinitrotoluene	3.18	
06/21/10	07/02/10	88-72-2	2-Nitrotoluene	2.46	U
06/21/10	07/02/10	99-99-0	4-Nitrotoluene	2.46	U
06/21/10	07/02/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.69	J
06/21/10	07/02/10	121-82-4	RDX	2.46	U
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	0.135	J
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	0.979	
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.291	
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.247	U
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.247	U
06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.278	
06/21/10	06/29/10	121-82-4	RDX	0.247	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	1.29	
06/21/10	07/02/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/21/10	07/02/10	121-14-2	2,4-Dinitrotoluene	0.120	J
06/21/10	07/02/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/21/10	07/02/10	118-96-7	2,4,6-Trinitrotoluene	0.981	
06/21/10	07/02/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	
06/21/10	07/02/10	88-72-2	2-Nitrotoluene	0.247	U
06/21/10	07/02/10	99-99-0	4-Nitrotoluene	0.247	U
06/21/10	07/02/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.260	
06/21/10	07/02/10	121-82-4	RDX	0.247	U
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	0.282	
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	1.22	
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.205	J
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.245	U
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.245	U
06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.208	J
06/21/10	06/29/10	121-82-4	RDX	0.245	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	0.622	
06/21/10	07/02/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/21/10	07/02/10	121-14-2	2,4-Dinitrotoluene	0.315	

06/21/10	07/02/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/21/10	07/02/10	118-96-7	2,4,6-Trinitrotoluene	1.23	
06/21/10	07/02/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.187	J
06/21/10	07/02/10	88-72-2	2-Nitrotoluene	0.245	U
06/21/10	07/02/10	99-99-0	4-Nitrotoluene	0.245	U
06/21/10	07/02/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.232	J
06/21/10	07/02/10	121-82-4	RDX	0.245	U
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	0.275	
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.167	J
06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	2.48	
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.454	
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.133	J
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.246	U
06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.459	
06/21/10	06/29/10	121-82-4	RDX	0.246	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	0.267	
06/21/10	07/02/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/21/10	07/02/10	121-14-2	2,4-Dinitrotoluene	0.289	
06/21/10	07/02/10	606-20-2	2,6-Dinitrotoluene	0.176	J
06/21/10	07/02/10	118-96-7	2,4,6-Trinitrotoluene	2.54	
06/21/10	07/02/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.380	
06/21/10	07/02/10	88-72-2	2-Nitrotoluene	0.151	J
06/21/10	07/02/10	99-99-0	4-Nitrotoluene	0.246	U
06/21/10	07/02/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.380	
06/21/10	07/02/10	121-82-4	RDX	0.246	U
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	0.267	
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.247	U
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.247	U
06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/21/10	06/29/10	121-82-4	RDX	0.247	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	0.247	U
06/21/10	07/03/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/21/10	07/03/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/21/10	07/03/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/21/10	07/03/10	118-96-7	2,4,6-Trinitrotoluene	0.240	J
06/21/10	07/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/21/10	07/03/10	88-72-2	2-Nitrotoluene	0.247	U
06/21/10	07/03/10	99-99-0	4-Nitrotoluene	0.247	U
06/21/10	07/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/21/10	07/03/10	121-82-4	RDX	0.247	U
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.249	U
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.249	U

06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/21/10	06/29/10	121-82-4	RDX	0.249	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	0.249	U
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	0.251	U
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	0.251	U
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	U
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.251	U
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.251	U
06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U
06/21/10	06/29/10	121-82-4	RDX	0.251	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	0.251	U
06/21/10	06/29/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/21/10	06/29/10	121-14-2	2,4-Dinitrotoluene	0.267	
06/21/10	06/29/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/21/10	06/29/10	118-96-7	2,4,6-Trinitrotoluene	0.288	
06/21/10	06/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/21/10	06/29/10	88-72-2	2-Nitrotoluene	0.248	U
06/21/10	06/29/10	99-99-0	4-Nitrotoluene	0.248	U
06/21/10	06/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/21/10	06/29/10	121-82-4	RDX	0.248	U
06/21/10	06/29/10	55-63-0	Nitroglycerin	0.248	U
06/21/10	07/03/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/21/10	07/03/10	121-14-2	2,4-Dinitrotoluene	0.254	
06/21/10	07/03/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/21/10	07/03/10	118-96-7	2,4,6-Trinitrotoluene	0.274	
06/21/10	07/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/21/10	07/03/10	88-72-2	2-Nitrotoluene	0.248	U
06/21/10	07/03/10	99-99-0	4-Nitrotoluene	0.248	U
06/21/10	07/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/21/10	07/03/10	121-82-4	RDX	0.248	U
06/21/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/21/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/21/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/21/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/21/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/21/10	06/30/10	88-72-2	2-Nitrotoluene	0.246	U
06/21/10	06/30/10	99-99-0	4-Nitrotoluene	0.246	U
06/21/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/21/10	06/30/10	121-82-4	RDX	0.246	U
06/21/10	06/30/10	55-63-0	Nitroglycerin	0.246	U
06/21/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.252	U
06/21/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.252	U
06/21/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.252	U
06/21/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.252	U
06/21/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.252	U
06/21/10	06/30/10	88-72-2	2-Nitrotoluene	0.252	U
06/21/10	06/30/10	99-99-0	4-Nitrotoluene	0.252	U
06/21/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	U
06/21/10	06/30/10	121-82-4	RDX	0.252	U
06/21/10	06/30/10	55-63-0	Nitroglycerin	0.252	U

06/21/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/21/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/21/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/21/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/21/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/21/10	06/30/10	88-72-2	2-Nitrotoluene	0.247	U
06/21/10	06/30/10	99-99-0	4-Nitrotoluene	0.247	U
06/21/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/21/10	06/30/10	121-82-4	RDX	0.247	U
06/21/10	06/30/10	55-63-0	Nitroglycerin	0.247	U
06/21/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.252	U
06/21/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.252	U
06/21/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.252	U
06/21/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.252	U
06/21/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.252	U
06/21/10	06/30/10	88-72-2	2-Nitrotoluene	0.252	U
06/21/10	06/30/10	99-99-0	4-Nitrotoluene	0.252	U
06/21/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	U
06/21/10	06/30/10	121-82-4	RDX	0.252	U
06/21/10	06/30/10	55-63-0	Nitroglycerin	0.252	U
06/21/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/21/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/21/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/21/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/21/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/21/10	06/30/10	88-72-2	2-Nitrotoluene	0.246	U
06/21/10	06/30/10	99-99-0	4-Nitrotoluene	0.246	U
06/21/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/21/10	06/30/10	121-82-4	RDX	0.246	U
06/21/10	06/30/10	55-63-0	Nitroglycerin	0.246	U
06/21/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/21/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/21/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/21/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
06/21/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/21/10	06/30/10	88-72-2	2-Nitrotoluene	0.249	U
06/21/10	06/30/10	99-99-0	4-Nitrotoluene	0.249	U
06/21/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/21/10	06/30/10	121-82-4	RDX	0.249	U
06/21/10	06/30/10	55-63-0	Nitroglycerin	0.249	U
06/21/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.248	M
06/21/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.248	M
06/21/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.248	M
06/21/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.248	M
06/21/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	M
06/21/10	06/30/10	88-72-2	2-Nitrotoluene	0.248	U
06/21/10	06/30/10	99-99-0	4-Nitrotoluene	0.248	M
06/21/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	M
06/21/10	06/30/10	121-82-4	RDX	0.248	M
06/21/10	06/30/10	55-63-0	Nitroglycerin	0.248	M
06/21/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/21/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.248	U

06/21/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/21/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
06/21/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/21/10	06/30/10	88-72-2	2-Nitrotoluene	0.248	U
06/21/10	06/30/10	99-99-0	4-Nitrotoluene	0.248	U
06/21/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/21/10	06/30/10	121-82-4	RDX	0.248	U
06/21/10	06/30/10	55-63-0	Nitroglycerin	0.248	U
06/21/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/21/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/21/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/21/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.245	U
06/21/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/21/10	06/30/10	88-72-2	2-Nitrotoluene	0.245	U
06/21/10	06/30/10	99-99-0	4-Nitrotoluene	0.245	U
06/21/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/21/10	06/30/10	121-82-4	RDX	0.245	U
06/21/10	06/30/10	55-63-0	Nitroglycerin	0.245	U
06/18/10	06/18/10	7439-92-1	Lead, Total	48.9	
06/18/10	06/18/10	7439-92-1	Lead, Total	185	
06/18/10	06/18/10	7439-92-1	Lead, Total	28.6	
06/18/10	06/18/10	7439-92-1	Lead, Total	15.2	
06/18/10	06/18/10	7439-92-1	Lead, Total	2970	
06/18/10	06/18/10	7439-92-1	Lead, Total	519	
06/18/10	06/18/10	7439-92-1	Lead, Total	153	
06/18/10	06/18/10	7439-92-1	Lead, Total	11.9	
06/18/10	06/18/10	7439-92-1	Lead, Total	11.4	
06/18/10	06/18/10	7439-92-1	Lead, Total	11.3	
06/18/10	06/18/10	7439-92-1	Lead, Total	8.18	
06/18/10	06/18/10	7439-92-1	Lead, Total	8.57	
06/18/10	06/18/10	7439-92-1	Lead, Total	9.93	
06/18/10	06/18/10	7439-92-1	Lead, Total	14.8	
06/18/10	06/18/10	7439-92-1	Lead, Total	10.8	
06/18/10	06/18/10	7439-92-1	Lead, Total	10.9	
06/18/10	06/18/10	7439-92-1	Lead, Total	9.25	
06/18/10	06/18/10	7439-92-1	Lead, Total	12.6	
06/18/10	06/18/10	7439-92-1	Lead, Total	32.0	
06/18/10	06/18/10	7439-92-1	Lead, Total	26.8	
06/18/10	06/18/10	7439-92-1	Lead, Total	46.0	
06/18/10	06/18/10	7439-92-1	Lead, Total	34.3	
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	1.81	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	3.62	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	21.4	U
06/18/10	06/24/10	60-57-1	Dieldrin	42.7	U
06/18/10	06/23/10	1024-57-3	Heptachlor epoxide	1.71	UJ
06/18/10	06/23/10	60-57-1	Dieldrin	3.42	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.83	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.66	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	195	U
06/18/10	06/24/10	60-57-1	Dieldrin	390	U
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	17.6	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	35.3	UJ

06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	21.7	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	43.4	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.79	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.59	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.79	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.58	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.75	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.49	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.82	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.65	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	2.08	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	4.16	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	2.15	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	4.30	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.82	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.65	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.79	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.57	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.82	U
06/18/10	06/24/10	60-57-1	Dieldrin	3.65	U
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.86	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.73	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.88	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.75	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.81	U
06/18/10	06/24/10	60-57-1	Dieldrin	3.62	U
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	1.79	UJ
06/18/10	06/24/10	60-57-1	Dieldrin	3.57	UJ
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	14.5	
06/18/10	06/24/10	60-57-1	Dieldrin	18.6	
06/18/10	06/24/10	1024-57-3	Heptachlor epoxide	13.2	J
06/18/10	06/24/10	60-57-1	Dieldrin	16.4	J
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0181	U
06/18/10	06/21/10	11097-69-1	Aroclor-1254	0.0646	
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.1340	
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0258	
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.0346	
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0163	J
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.0397	
06/18/10	06/22/10	11097-69-1	Aroclor-1254	1.5100	J
06/18/10	06/25/10	11097-69-1	Aroclor-1254	1.9700	
06/18/10	06/28/10	11097-69-1	Aroclor-1254	2.8100	
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0842	
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.2160	
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0747	
06/18/10	06/28/10	11097-69-1	Aroclor-1254	0.1660	
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0179	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0179	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0175	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0182	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0208	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0215	U

06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0182	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0179	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0182	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0186	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0188	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0181	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0179	U
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0864	
06/18/10	06/22/10	11097-69-1	Aroclor-1254	0.0733	
06/23/10	06/30/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/23/10	06/30/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/23/10	06/30/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/23/10	06/30/10	118-96-7	2,4,6-Trinitrotoluene	0.454	
06/23/10	06/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/23/10	06/30/10	88-72-2	2-Nitrotoluene	0.245	U
06/23/10	06/30/10	99-99-0	4-Nitrotoluene	0.245	U
06/23/10	06/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/23/10	06/30/10	121-82-4	RDX	0.245	U
06/23/10	06/30/10	55-63-0	Nitroglycerin	0.638	
06/23/10	07/03/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/23/10	07/03/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/23/10	07/03/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/23/10	07/03/10	118-96-7	2,4,6-Trinitrotoluene	0.452	
06/23/10	07/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/23/10	07/03/10	88-72-2	2-Nitrotoluene	0.245	U
06/23/10	07/03/10	99-99-0	4-Nitrotoluene	0.245	U
06/23/10	07/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/23/10	07/03/10	121-82-4	RDX	0.245	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.123	J
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.194	J
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.249	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.249	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/23/10	07/01/10	121-82-4	RDX	0.249	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.723	
06/23/10	07/03/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/23/10	07/03/10	121-14-2	2,4-Dinitrotoluene	0.134	J
06/23/10	07/03/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/23/10	07/03/10	118-96-7	2,4,6-Trinitrotoluene	0.189	J
06/23/10	07/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/23/10	07/03/10	88-72-2	2-Nitrotoluene	0.249	U
06/23/10	07/03/10	99-99-0	4-Nitrotoluene	0.249	U
06/23/10	07/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/23/10	07/03/10	121-82-4	RDX	0.249	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.248	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U

06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.248	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.248	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/23/10	07/01/10	121-82-4	RDX	0.248	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.248	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.253	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.253	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.253	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.253	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.253	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.253	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.253	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.253	U
06/23/10	07/01/10	121-82-4	RDX	0.253	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.253	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	6.66	
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	1.25	
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	10.1	J
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.12	
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.174	J
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.251	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.31	
06/23/10	07/01/10	121-82-4	RDX	0.251	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	99.6	J
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	1.26	UJ
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	6.59	J
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	1.21	J
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	10.1	J
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.11	J
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	1.26	UJ
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	1.26	UJ
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.36	J
06/23/10	07/01/10	121-82-4	RDX	1.26	UJ
06/23/10	07/01/10	55-63-0	Nitroglycerin	99.5	J
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	6.28	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	6.69	
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	6.28	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	10.1	
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	6.28	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	6.28	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	6.28	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	6.28	U
06/23/10	07/01/10	121-82-4	RDX	6.28	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	96.6	
06/23/10	07/03/10	99-65-0	1,3-Dinitrobenzene	0.251	UJ
06/23/10	07/03/10	121-14-2	2,4-Dinitrotoluene	6.61	J
06/23/10	07/03/10	606-20-2	2,6-Dinitrotoluene	1.29	J
06/23/10	07/03/10	118-96-7	2,4,6-Trinitrotoluene	10.4	J
06/23/10	07/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.13	J
06/23/10	07/03/10	88-72-2	2-Nitrotoluene	0.170	J
06/23/10	07/03/10	99-99-0	4-Nitrotoluene	0.251	UJ

06/23/10	07/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.15	J
06/23/10	07/03/10	121-82-4	RDX	0.251	U
06/23/10	07/03/10	99-65-0	1,3-Dinitrobenzene	1.26	UJ
06/23/10	07/03/10	121-14-2	2,4-Dinitrotoluene	6.72	J
06/23/10	07/03/10	606-20-2	2,6-Dinitrotoluene	1.32	J
06/23/10	07/03/10	118-96-7	2,4,6-Trinitrotoluene	10.5	J
06/23/10	07/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.17	J
06/23/10	07/03/10	88-72-2	2-Nitrotoluene	1.26	UJ
06/23/10	07/03/10	99-99-0	4-Nitrotoluene	1.26	UJ
06/23/10	07/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.74	J
06/23/10	07/03/10	121-82-4	RDX	1.26	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.845	
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.280	
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	2.23	
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.499	
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.247	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.247	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.531	
06/23/10	07/01/10	121-82-4	RDX	0.247	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	6.79	
06/23/10	07/03/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/23/10	07/03/10	121-14-2	2,4-Dinitrotoluene	0.852	
06/23/10	07/03/10	606-20-2	2,6-Dinitrotoluene	0.263	
06/23/10	07/03/10	118-96-7	2,4,6-Trinitrotoluene	2.27	
06/23/10	07/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.409	
06/23/10	07/03/10	88-72-2	2-Nitrotoluene	0.247	U
06/23/10	07/03/10	99-99-0	4-Nitrotoluene	0.247	U
06/23/10	07/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.444	
06/23/10	07/03/10	121-82-4	RDX	0.247	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	2.67	
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.191	J
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	2.35	
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.290	
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.250	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.250	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.280	
06/23/10	07/01/10	121-82-4	RDX	0.250	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	1.60	
06/23/10	07/03/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/23/10	07/03/10	121-14-2	2,4-Dinitrotoluene	2.68	
06/23/10	07/03/10	606-20-2	2,6-Dinitrotoluene	0.238	J
06/23/10	07/03/10	118-96-7	2,4,6-Trinitrotoluene	2.40	
06/23/10	07/03/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.229	J
06/23/10	07/03/10	88-72-2	2-Nitrotoluene	0.250	U
06/23/10	07/03/10	99-99-0	4-Nitrotoluene	0.250	U
06/23/10	07/03/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.214	J
06/23/10	07/03/10	121-82-4	RDX	0.250	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.248	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.248	U

06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.248	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.248	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/23/10	07/01/10	121-82-4	RDX	0.248	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.248	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.249	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.249	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/23/10	07/01/10	121-82-4	RDX	0.249	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.249	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.247	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.247	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/23/10	07/01/10	121-82-4	RDX	0.247	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.247	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.248	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.248	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.248	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/23/10	07/01/10	121-82-4	RDX	0.248	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.248	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.247	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.247	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/23/10	07/01/10	121-82-4	RDX	0.247	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.247	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U

06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.246	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.246	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	121-82-4	RDX	0.246	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.246	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.246	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.246	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	121-82-4	RDX	0.246	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.246	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.247	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.247	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/23/10	07/01/10	121-82-4	RDX	0.247	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.247	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.246	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.246	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	121-82-4	RDX	0.246	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.246	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.247	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.247	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.247	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.247	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
06/23/10	07/01/10	121-82-4	RDX	0.247	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.247	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.246	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.246	U

06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	121-82-4	RDX	0.246	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.246	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.246	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.246	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	121-82-4	RDX	0.246	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.246	U
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.246	U
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.246	U
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/23/10	07/01/10	121-82-4	RDX	0.246	U
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.246	M
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.521	
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.510	
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.499	
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.477	
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.527	
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.492	
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.463	
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.487	
06/23/10	07/01/10	121-82-4	RDX	0.439	
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.543	
06/23/10	07/01/10	99-65-0	1,3-Dinitrobenzene	0.534	
06/23/10	07/01/10	121-14-2	2,4-Dinitrotoluene	0.515	
06/23/10	07/01/10	606-20-2	2,6-Dinitrotoluene	0.508	
06/23/10	07/01/10	118-96-7	2,4,6-Trinitrotoluene	0.474	
06/23/10	07/01/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.549	
06/23/10	07/01/10	88-72-2	2-Nitrotoluene	0.486	
06/23/10	07/01/10	99-99-0	4-Nitrotoluene	0.477	
06/23/10	07/01/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.508	
06/23/10	07/01/10	121-82-4	RDX	0.466	
06/23/10	07/01/10	55-63-0	Nitroglycerin	0.783	
06/18/10	06/18/10	7439-92-1	Lead, Total	30.9	
06/18/10	06/18/10	7439-92-1	Lead, Total	82.9	
06/18/10	06/18/10	7439-92-1	Lead, Total	11.3	
06/18/10	06/18/10	7439-92-1	Lead, Total	8.30	
06/18/10	06/18/10	7439-92-1	Lead, Total	96.9	
06/18/10	06/18/10	7439-92-1	Lead, Total	12.2	
06/18/10	06/18/10	7439-92-1	Lead, Total	250	
06/18/10	06/18/10	7439-92-1	Lead, Total	6.91	
06/18/10	06/18/10	7439-92-1	Lead, Total	9.29	

06/18/10	06/18/10	7439-92-1	Lead, Total	11.0	
06/18/10	06/18/10	7439-92-1	Lead, Total	11.6	
06/18/10	06/18/10	7439-92-1	Lead, Total	6.94	
06/18/10	06/18/10	7439-92-1	Lead, Total	41.8	
06/18/10	06/18/10	7439-92-1	Lead, Total	78.8	
06/18/10	06/18/10	7439-92-1	Lead, Total	157	
06/18/10	06/18/10	7439-92-1	Lead, Total	14.4	
06/18/10	06/18/10	7439-92-1	Lead, Total	133	
06/18/10	06/18/10	7439-92-1	Lead, Total	12.3	
06/18/10	06/18/10	7439-92-1	Lead, Total	9.02	
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0876	
06/21/10	06/28/10	11097-69-1	Aroclor-1254	0.0915	
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0883	
06/21/10	06/29/10	11097-69-1	Aroclor-1254	0.1120	
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0174	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0178	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0246	
06/21/10	06/29/10	11097-69-1	Aroclor-1254	0.0373	
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0188	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0209	
06/21/10	07/06/10	11097-69-1	Aroclor-1254	0.0354	
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0179	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0228	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0215	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0189	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0197	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0222	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0132	J
06/21/10	06/29/10	11097-69-1	Aroclor-1254	0.0241	
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0569	
06/21/10	06/29/10	11097-69-1	Aroclor-1254	0.0848	
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0197	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0590	
06/21/10	06/29/10	11097-69-1	Aroclor-1254	0.0972	
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0180	U
06/21/10	06/25/10	11097-69-1	Aroclor-1254	0.0178	U
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	0.0146	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	0.0321	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	0.0184	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	0.0184	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	0.0209	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	0.0183	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	0.0185	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	3.55	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	1.80	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	3.60	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	1.88	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	3.76	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	1.82	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	3.65	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	1.79	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	3.57	UJ

06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	2.21	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	4.43	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	2.15	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	4.31	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	1.89	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	3.77	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	1.97	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	3.93	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	2.22	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	4.44	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	1.87	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	3.74	UJ
06/21/10	06/25/10	1024-57-3	Heptachlor epoxide	2.12	UJ
06/21/10	06/25/10	60-57-1	Dieldrin	4.24	UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide	1.97	UJ
06/21/10	06/26/10	60-57-1	Dieldrin	3.95	UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide	1.84	UJ
06/21/10	06/26/10	60-57-1	Dieldrin	3.68	UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide	1.80	UJ
06/21/10	06/26/10	60-57-1	Dieldrin	3.60	UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide	1.78	UJ
06/21/10	06/26/10	60-57-1	Dieldrin	3.57	UJ
06/24/10	07/06/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/24/10	07/06/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/24/10	07/06/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/24/10	07/06/10	118-96-7	2,4,6-Trinitrotoluene	9.73	
06/24/10	07/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.307	
06/24/10	07/06/10	88-72-2	2-Nitrotoluene	0.246	U
06/24/10	07/06/10	99-99-0	4-Nitrotoluene	0.246	U
06/24/10	07/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.368	
06/24/10	07/06/10	121-82-4	RDX	0.246	U
06/24/10	07/06/10	55-63-0	Nitroglycerin	0.246	U
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	9.84	
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.308	
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.246	U
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.246	U
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.240	J
06/24/10	07/08/10	121-82-4	RDX	0.246	U
06/24/10	07/06/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/24/10	07/06/10	121-14-2	2,4-Dinitrotoluene	0.111	J
06/24/10	07/06/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/24/10	07/06/10	118-96-7	2,4,6-Trinitrotoluene	2.93	
06/24/10	07/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.401	
06/24/10	07/06/10	88-72-2	2-Nitrotoluene	0.246	U
06/24/10	07/06/10	99-99-0	4-Nitrotoluene	0.246	U
06/24/10	07/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.433	
06/24/10	07/06/10	121-82-4	RDX	0.246	U
06/24/10	07/06/10	55-63-0	Nitroglycerin	0.246	U
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.246	U

06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.141	J
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	2.96	
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.379	
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.246	U
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.246	U
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.424	
06/24/10	07/08/10	121-82-4	RDX	0.246	U
06/24/10	07/06/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/24/10	07/06/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/24/10	07/06/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/24/10	07/06/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/24/10	07/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/24/10	07/06/10	88-72-2	2-Nitrotoluene	0.246	U
06/24/10	07/06/10	99-99-0	4-Nitrotoluene	0.246	U
06/24/10	07/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/24/10	07/06/10	121-82-4	RDX	0.246	U
06/24/10	07/06/10	55-63-0	Nitroglycerin	0.246	U
06/24/10	07/06/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/24/10	07/06/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/24/10	07/06/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/24/10	07/06/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/24/10	07/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/24/10	07/06/10	88-72-2	2-Nitrotoluene	0.246	U
06/24/10	07/06/10	99-99-0	4-Nitrotoluene	0.246	U
06/24/10	07/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/24/10	07/06/10	121-82-4	RDX	0.246	U
06/24/10	07/06/10	55-63-0	Nitroglycerin	0.246	U
06/24/10	07/06/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/24/10	07/06/10	121-14-2	2,4-Dinitrotoluene	0.811	
06/24/10	07/06/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/24/10	07/06/10	118-96-7	2,4,6-Trinitrotoluene	0.197	J
06/24/10	07/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/24/10	07/06/10	88-72-2	2-Nitrotoluene	0.248	U
06/24/10	07/06/10	99-99-0	4-Nitrotoluene	0.248	U
06/24/10	07/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/24/10	07/06/10	121-82-4	RDX	0.248	U
06/24/10	07/06/10	55-63-0	Nitroglycerin	5.01	
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.804	
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	0.190	J
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.248	U
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.248	U
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/24/10	07/08/10	121-82-4	RDX	0.248	U
06/24/10	07/06/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/24/10	07/06/10	121-14-2	2,4-Dinitrotoluene	0.251	U
06/24/10	07/06/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/24/10	07/06/10	118-96-7	2,4,6-Trinitrotoluene	0.251	U
06/24/10	07/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	U

06/24/10	07/06/10	88-72-2	2-Nitrotoluene	0.251	U
06/24/10	07/06/10	99-99-0	4-Nitrotoluene	0.251	U
06/24/10	07/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U
06/24/10	07/06/10	121-82-4	RDX	0.251	U
06/24/10	07/06/10	55-63-0	Nitroglycerin	0.251	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.737	
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.150	J
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	1.59	
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.527	
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.250	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.250	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.495	
06/24/10	07/07/10	121-82-4	RDX	0.250	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	5.01	
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.250	UJ
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.752	J
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.187	J
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	1.58	J
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.438	J
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.250	UJ
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.250	UJ
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.476	J
06/24/10	07/08/10	121-82-4	RDX	0.250	UJ
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.248	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.248	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.248	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.248	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.248	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
06/24/10	07/07/10	121-82-4	RDX	0.248	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.248	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.252	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.252	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.252	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	0.252	U
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.252	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.252	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.252	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	U
06/24/10	07/07/10	121-82-4	RDX	0.252	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.252	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.251	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	1.23	
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.251	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.251	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U

06/24/10	07/07/10	121-82-4	RDX	0.251	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.251	U
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.251	U
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.251	U
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.251	U
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	1.22	
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	U
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.251	U
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.251	U
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U
06/24/10	07/08/10	121-82-4	RDX	0.251	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	1.86	
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.249	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.249	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/24/10	07/07/10	121-82-4	RDX	0.249	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.249	U
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.249	U
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.249	U
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.249	U
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	1.86	
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.249	U
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.249	U
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
06/24/10	07/08/10	121-82-4	RDX	0.249	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.245	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.245	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.245	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	0.245	U
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.245	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.245	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
06/24/10	07/07/10	121-82-4	RDX	0.245	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.245	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	0.283	
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.250	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.250	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/24/10	07/07/10	121-82-4	RDX	0.250	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.250	U
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.250	U

06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	0.265	
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.250	U
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.250	U
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/24/10	07/08/10	121-82-4	RDX	0.250	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.253	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.253	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.253	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	0.654	
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.225	J
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.253	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.253	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.186	J
06/24/10	07/07/10	121-82-4	RDX	0.253	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.614	
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.253	U
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.253	U
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.253	U
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	0.633	
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.138	J
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.253	U
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.253	U
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.182	J
06/24/10	07/08/10	121-82-4	RDX	0.253	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	0.371	
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.250	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.250	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/24/10	07/07/10	121-82-4	RDX	0.250	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	1.01	
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	0.353	
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.250	U
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.250	U
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/24/10	07/08/10	121-82-4	RDX	0.250	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.220	J
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.246	U

06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/24/10	07/07/10	121-82-4	RDX	0.246	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.246	U
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.246	U
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.244	J
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.246	U
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/24/10	07/08/10	121-82-4	RDX	0.246	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.247	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	4.34	
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.906	
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	2.87	
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.335	
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.247	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.247	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.401	
06/24/10	07/07/10	121-82-4	RDX	0.247	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	13.8	J
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	1.24	UJ
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	4.26	J
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	1.14	J
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	2.84	J
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.24	UJ
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	1.24	UJ
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	1.24	UJ
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.24	UJ
06/24/10	07/07/10	121-82-4	RDX	1.24	UJ
06/24/10	07/07/10	55-63-0	Nitroglycerin	13.5	J
06/24/10	07/08/10	99-65-0	1,3-Dinitrobenzene	0.247	UJ
06/24/10	07/08/10	121-14-2	2,4-Dinitrotoluene	4.28	J
06/24/10	07/08/10	606-20-2	2,6-Dinitrotoluene	0.977	J
06/24/10	07/08/10	118-96-7	2,4,6-Trinitrotoluene	2.87	J
06/24/10	07/08/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.241	J
06/24/10	07/08/10	88-72-2	2-Nitrotoluene	0.247	UJ
06/24/10	07/08/10	99-99-0	4-Nitrotoluene	0.247	UJ
06/24/10	07/08/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.238	J
06/24/10	07/08/10	121-82-4	RDX	0.247	U
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.250	U
06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.250	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.250	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.250	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.250	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
06/24/10	07/07/10	121-82-4	RDX	0.250	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.126	J
06/24/10	07/07/10	99-65-0	1,3-Dinitrobenzene	0.246	U

06/24/10	07/07/10	121-14-2	2,4-Dinitrotoluene	0.246	U
06/24/10	07/07/10	606-20-2	2,6-Dinitrotoluene	0.246	U
06/24/10	07/07/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
06/24/10	07/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
06/24/10	07/07/10	88-72-2	2-Nitrotoluene	0.246	U
06/24/10	07/07/10	99-99-0	4-Nitrotoluene	0.246	U
06/24/10	07/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
06/24/10	07/07/10	121-82-4	RDX	0.246	U
06/24/10	07/07/10	55-63-0	Nitroglycerin	0.246	U
06/18/10	06/18/10	7439-92-1	Lead, Total	15.0	
06/18/10	06/18/10	7439-92-1	Lead, Total	24.8	
06/18/10	06/18/10	7439-92-1	Lead, Total	45.1	
06/18/10	06/18/10	7439-92-1	Lead, Total	14.9	
06/18/10	06/18/10	7439-92-1	Lead, Total	27.0	
06/18/10	06/18/10	7439-92-1	Lead, Total	17.4	
06/18/10	06/18/10	7439-92-1	Lead, Total	8.79	
06/18/10	06/18/10	7439-92-1	Lead, Total	48.6	
06/18/10	06/18/10	7439-92-1	Lead, Total	9.65	
06/18/10	06/18/10	7439-92-1	Lead, Total	37.9	
06/18/10	06/18/10	7439-92-1	Lead, Total	61.4	
06/18/10	06/18/10	7439-92-1	Lead, Total	52.0	
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0146	J
06/21/10	06/29/10	11097-69-1	Aroclor-1254	0.0321	
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0184	U
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0184	U
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0209	U
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0183	U
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0185	U
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0190	U
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0172	J
06/21/10	06/29/10	11097-69-1	Aroclor-1254	0.0225	
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0187	U
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0118	J
06/21/10	06/29/10	11097-69-1	Aroclor-1254	0.0195	
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0266	
06/21/10	06/29/10	11097-69-1	Aroclor-1254	0.0357	
06/21/10	06/26/10	11097-69-1	Aroclor-1254	0.0178	U
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide		UJ
06/21/10	06/26/10	60-57-1	Dieldrin		UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide		UJ
06/21/10	06/26/10	60-57-1	Dieldrin		UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide		UM
06/21/10	06/26/10	60-57-1	Dieldrin		UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide		UJ
06/21/10	06/26/10	60-57-1	Dieldrin		UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide		UJ
06/21/10	06/26/10	60-57-1	Dieldrin		UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide		UJ
06/21/10	06/26/10	60-57-1	Dieldrin		UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide		UJ

06/21/10	06/26/10	60-57-1	Dieldrin	UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide	UJ
06/21/10	06/26/10	60-57-1	Dieldrin	UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide	UJ
06/21/10	06/26/10	60-57-1	Dieldrin	UJ
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide	U
06/21/10	06/26/10	60-57-1	Dieldrin	U
06/21/10	06/26/10	1024-57-3	Heptachlor epoxide	UM
06/21/10	06/26/10	60-57-1	Dieldrin	UJ
06/28/10	07/09/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/09/10	121-14-2	2,4-Dinitrotoluene	J
06/28/10	07/09/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/09/10	118-96-7	2,4,6-Trinitrotoluene	
06/28/10	07/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/09/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/09/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/09/10	121-82-4	RDX	U
06/28/10	07/09/10	55-63-0	Nitroglycerin	
06/28/10	07/10/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/10/10	121-14-2	2,4-Dinitrotoluene	J
06/28/10	07/10/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/10/10	118-96-7	2,4,6-Trinitrotoluene	
06/28/10	07/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/10/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/10/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/10/10	121-82-4	RDX	U
06/28/10	07/09/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/09/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/09/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/09/10	118-96-7	2,4,6-Trinitrotoluene	U
06/28/10	07/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/09/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/09/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/09/10	121-82-4	RDX	U
06/28/10	07/09/10	55-63-0	Nitroglycerin	U
06/28/10	07/09/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/09/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/09/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/09/10	118-96-7	2,4,6-Trinitrotoluene	J
06/28/10	07/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/09/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/09/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/09/10	121-82-4	RDX	U
06/28/10	07/09/10	55-63-0	Nitroglycerin	UM
06/28/10	07/10/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/10/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/10/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/10/10	118-96-7	2,4,6-Trinitrotoluene	J

06/28/10	07/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/10/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/10/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/10/10	121-82-4	RDX	U
06/28/10	07/10/10	55-63-0	Nitroglycerin	U
06/28/10	07/09/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/09/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/09/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/09/10	118-96-7	2,4,6-Trinitrotoluene	U
06/28/10	07/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/09/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/09/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/09/10	121-82-4	RDX	U
06/28/10	07/09/10	55-63-0	Nitroglycerin	U
06/28/10	07/09/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/09/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/09/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/09/10	118-96-7	2,4,6-Trinitrotoluene	J
06/28/10	07/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/09/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/09/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/09/10	121-82-4	RDX	U
06/28/10	07/09/10	55-63-0	Nitroglycerin	U
06/28/10	07/10/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/10/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/10/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/10/10	118-96-7	2,4,6-Trinitrotoluene	J
06/28/10	07/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/10/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/10/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/10/10	121-82-4	RDX	U
06/28/10	07/10/10	55-63-0	Nitroglycerin	U
06/28/10	07/09/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/09/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/09/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/09/10	118-96-7	2,4,6-Trinitrotoluene	U
06/28/10	07/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/09/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/09/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/09/10	121-82-4	RDX	U
06/28/10	07/09/10	55-63-0	Nitroglycerin	U
06/28/10	07/09/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/09/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/09/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/09/10	118-96-7	2,4,6-Trinitrotoluene	U
06/28/10	07/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/09/10	88-72-2	2-Nitrotoluene	U

06/28/10	07/09/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/09/10	121-82-4	RDX	U
06/28/10	07/09/10	55-63-0	Nitroglycerin	U
06/28/10	07/09/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/09/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/09/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/09/10	118-96-7	2,4,6-Trinitrotoluene	
06/28/10	07/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/09/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/09/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/09/10	121-82-4	RDX	U
06/28/10	07/09/10	55-63-0	Nitroglycerin	U
06/28/10	07/10/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/10/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/10/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/10/10	118-96-7	2,4,6-Trinitrotoluene	J
06/28/10	07/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/10/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/10/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/10/10	121-82-4	RDX	U
06/28/10	07/10/10	55-63-0	Nitroglycerin	U
06/28/10	07/09/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/09/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/09/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/09/10	118-96-7	2,4,6-Trinitrotoluene	U
06/28/10	07/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/09/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/09/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/09/10	121-82-4	RDX	U
06/28/10	07/09/10	55-63-0	Nitroglycerin	U
06/28/10	07/10/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/10/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/10/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/10/10	118-96-7	2,4,6-Trinitrotoluene	
06/28/10	07/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/10/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/10/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/10/10	121-82-4	RDX	U
06/28/10	07/10/10	55-63-0	Nitroglycerin	U
06/28/10	07/10/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/10/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/10/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/10/10	118-96-7	2,4,6-Trinitrotoluene	
06/28/10	07/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/10/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/10/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U

06/28/10	07/10/10	121-82-4	RDX	U
06/28/10	07/10/10	55-63-0	Nitroglycerin	U
06/28/10	07/10/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/10/10	121-14-2	2,4-Dinitrotoluene	J
06/28/10	07/10/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/10/10	118-96-7	2,4,6-Trinitrotoluene	
06/28/10	07/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/10/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/10/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/10/10	121-82-4	RDX	U
06/28/10	07/10/10	55-63-0	Nitroglycerin	
06/28/10	07/10/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/10/10	121-14-2	2,4-Dinitrotoluene	J
06/28/10	07/10/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/10/10	118-96-7	2,4,6-Trinitrotoluene	
06/28/10	07/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/10/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/10/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/10/10	121-82-4	RDX	U
06/28/10	07/10/10	99-65-0	1,3-Dinitrobenzene	U
06/28/10	07/10/10	121-14-2	2,4-Dinitrotoluene	U
06/28/10	07/10/10	606-20-2	2,6-Dinitrotoluene	U
06/28/10	07/10/10	118-96-7	2,4,6-Trinitrotoluene	U
06/28/10	07/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
06/28/10	07/10/10	88-72-2	2-Nitrotoluene	U
06/28/10	07/10/10	99-99-0	4-Nitrotoluene	U
06/28/10	07/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
06/28/10	07/10/10	121-82-4	RDX	U
06/28/10	07/10/10	55-63-0	Nitroglycerin	M
07/19/10	07/20/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/20/10	60-57-1	Dieldrin	UJ
07/19/10	07/20/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/20/10	60-57-1	Dieldrin	UJ
07/19/10	07/20/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/20/10	60-57-1	Dieldrin	UJ
07/19/10	07/20/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/20/10	60-57-1	Dieldrin	UJ
07/19/10	07/20/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/20/10	60-57-1	Dieldrin	UJ
07/19/10	07/20/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/20/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/21/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/21/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/21/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	UJ

07/19/10	07/21/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/21/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/21/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/21/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/21/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	U
07/19/10	07/21/10	60-57-1	Dieldrin	U
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	U
07/19/10	07/21/10	60-57-1	Dieldrin	U
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	UJ
07/19/10	07/21/10	60-57-1	Dieldrin	UJ
07/19/10	07/21/10	1024-57-3	Heptachlor epoxide	U
07/19/10	07/21/10	60-57-1	Dieldrin	U
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/19/10	07/21/10	7439-92-1	Lead, Total	
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	U
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	U
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U

07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	U
07/20/10	07/30/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/30/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/30/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	
07/20/10	07/30/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/30/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/30/10	121-82-4	RDX	U
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	U
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	J
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/28/10	121-82-4	RDX	
07/20/10	07/28/10	55-63-0	Nitroglycerin	J
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/30/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/30/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/30/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/30/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/30/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/30/10	121-82-4	RDX	
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	U
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U

07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	U
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	U
07/20/10	07/29/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/30/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/30/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/30/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/30/10	35572-78-2	2-Amino-4,6-dinitrotoluene	
07/20/10	07/30/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/30/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/30/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/30/10	121-82-4	RDX	U
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/28/10	121-82-4	RDX	
07/20/10	07/28/10	55-63-0	Nitroglycerin	U
07/20/10	07/29/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/31/10	121-82-4	RDX	
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	J
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	

07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	U
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	J
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/31/10	121-82-4	RDX	U
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	J
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	U
07/20/10	07/30/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	J
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/31/10	121-82-4	RDX	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	U
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	UJ
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	J
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	J
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	J
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	UJ
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	UJ

07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	J
07/20/10	07/31/10	121-82-4	RDX	UJ
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	U
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/31/10	121-82-4	RDX	U
07/20/10	07/28/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/28/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/28/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/28/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/28/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/28/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/28/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/28/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/28/10	121-82-4	RDX	U
07/20/10	07/28/10	55-63-0	Nitroglycerin	
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/31/10	121-82-4	RDX	U
07/20/10	07/29/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/29/10	121-14-2	2,4-Dinitrotoluene	J
07/20/10	07/29/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/29/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/29/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/29/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/29/10	121-82-4	RDX	U
07/20/10	07/29/10	55-63-0	Nitroglycerin	U
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	

07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	J
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/31/10	121-82-4	RDX	U
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/29/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/29/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/29/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/29/10	118-96-7	2,4,6-Trinitrotoluene	U
07/20/10	07/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/29/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/29/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/29/10	121-82-4	RDX	U
07/20/10	07/29/10	55-63-0	Nitroglycerin	U
07/20/10	07/29/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/29/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/29/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/29/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/29/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/29/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/29/10	121-82-4	RDX	U
07/20/10	07/29/10	55-63-0	Nitroglycerin	U
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/31/10	121-82-4	RDX	U
07/20/10	07/29/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/29/10	121-14-2	2,4-Dinitrotoluene	J
07/20/10	07/29/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/29/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/29/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/29/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/29/10	121-82-4	RDX	U
07/20/10	07/29/10	55-63-0	Nitroglycerin	
07/20/10	07/30/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U

07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	J
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	
07/20/10	07/31/10	121-82-4	RDX	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/29/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/29/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/29/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/29/10	118-96-7	2,4,6-Trinitrotoluene	U
07/20/10	07/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/29/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/29/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/29/10	121-82-4	RDX	U
07/20/10	07/29/10	55-63-0	Nitroglycerin	U
07/20/10	07/29/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/29/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/29/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/29/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/29/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/29/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/29/10	121-82-4	RDX	U
07/20/10	07/29/10	55-63-0	Nitroglycerin	U
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	U
07/20/10	07/31/10	606-20-2	2,6-Dinitrotoluene	U
07/20/10	07/31/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/31/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/31/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/31/10	121-82-4	RDX	U
07/20/10	07/29/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/29/10	121-14-2	2,4-Dinitrotoluene	
07/20/10	07/29/10	606-20-2	2,6-Dinitrotoluene	
07/20/10	07/29/10	118-96-7	2,4,6-Trinitrotoluene	J
07/20/10	07/29/10	35572-78-2	2-Amino-4,6-dinitrotoluene	U
07/20/10	07/29/10	88-72-2	2-Nitrotoluene	U
07/20/10	07/29/10	99-99-0	4-Nitrotoluene	U
07/20/10	07/29/10	19406-51-0	4-Amino-2,6-dinitrotoluene	U
07/20/10	07/29/10	121-82-4	RDX	U
07/20/10	07/29/10	55-63-0	Nitroglycerin	U
07/20/10	07/30/10	118-96-7	2,4,6-Trinitrotoluene	
07/20/10	07/31/10	99-65-0	1,3-Dinitrobenzene	U
07/20/10	07/31/10	121-14-2	2,4-Dinitrotoluene	

[illegible]

07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/27/10	60-57-1	Dieldrin		UJ
07/26/10	07/28/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/28/10	60-57-1	Dieldrin		UJ
07/26/10	07/28/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/28/10	60-57-1	Dieldrin		UJ
07/26/10	07/28/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/28/10	60-57-1	Dieldrin		UJ
07/26/10	07/28/10	1024-57-3	Heptachlor epoxide		UJ
07/26/10	07/28/10	60-57-1	Dieldrin		UJ
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0187	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0186	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0185	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0196	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0193	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0202	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0202	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0120	J
07/26/10	07/30/10	11097-69-1	Aroclor-1254	0.0244	
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0498	
07/26/10	07/30/10	11097-69-1	Aroclor-1254	0.0880	
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0403	

07/26/10	07/30/10	11097-69-1	Aroclor-1254	0.0857	
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.1240	
07/26/10	07/30/10	11097-69-1	Aroclor-1254	0.2000	J
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0579	
07/26/10	07/30/10	11097-69-1	Aroclor-1254	0.0938	
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0204	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0204	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0209	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0186	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0199	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0192	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0211	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0169	J
07/26/10	07/30/10	11097-69-1	Aroclor-1254	0.0470	
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0145	J
07/26/10	07/30/10	11097-69-1	Aroclor-1254	0.0317	
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0193	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0196	U
07/26/10	07/27/10	11097-69-1	Aroclor-1254	0.0188	U
07/30/10	08/02/10	1024-57-3	Heptachlor epoxide	0	UJ
07/30/10	08/02/10	60-57-1	Dieldrin	0	UJ
07/30/10	08/02/10	1024-57-3	Heptachlor epoxide	1.91	UJ
07/30/10	08/02/10	60-57-1	Dieldrin	3.82	UJ
07/30/10	08/02/10	1024-57-3	Heptachlor epoxide	1.87	UJ
07/30/10	08/02/10	60-57-1	Dieldrin	3.74	UJ
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.249	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.249	U
08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/02/10	08/04/10	121-82-4	RDX	0.249	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	0.249	U
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	0.250	U
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.250	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.250	U
08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/02/10	08/04/10	121-82-4	RDX	0.250	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	0.250	U
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	0.250	U
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	0.192	J
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.250	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.250	U

08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/02/10	08/04/10	121-82-4	RDX	0.250	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	0.250	U
08/02/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/02/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.250	U
08/02/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.169	J
08/02/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/02/10	08/10/10	88-72-2	2-Nitrotoluene	0.250	U
08/02/10	08/10/10	99-99-0	4-Nitrotoluene	0.250	U
08/02/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/02/10	08/10/10	121-82-4	RDX	0.250	U
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.239	U
08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	0.239	U
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	0.239	U
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	0.241	
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.239	U
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.239	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.239	U
08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.239	U
08/02/10	08/04/10	121-82-4	RDX	0.239	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	0.239	U
08/02/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.239	U
08/02/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.239	U
08/02/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.239	U
08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.235	J
08/02/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.239	U
08/02/10	08/10/10	88-72-2	2-Nitrotoluene	0.239	U
08/02/10	08/10/10	99-99-0	4-Nitrotoluene	0.239	U
08/02/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.239	U
08/02/10	08/10/10	121-82-4	RDX	0.239	U
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.249	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.249	U
08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/02/10	08/04/10	121-82-4	RDX	0.249	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	0.249	U
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	0.250	U
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.250	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.250	U
08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/02/10	08/04/10	121-82-4	RDX	0.250	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	0.250	U
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.247	U

08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	0.102	J
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.247	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.247	U
08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/02/10	08/04/10	121-82-4	RDX	0.247	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	0.247	U
08/02/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/02/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/02/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.102	J
08/02/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/02/10	08/10/10	88-72-2	2-Nitrotoluene	0.247	U
08/02/10	08/10/10	99-99-0	4-Nitrotoluene	0.247	U
08/02/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/02/10	08/10/10	121-82-4	RDX	0.247	U
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	0.172	J
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.247	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.247	U
08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/02/10	08/04/10	121-82-4	RDX	0.247	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	0.247	U
08/02/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/02/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/02/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.193	J
08/02/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/02/10	08/10/10	88-72-2	2-Nitrotoluene	0.247	U
08/02/10	08/10/10	99-99-0	4-Nitrotoluene	0.247	U
08/02/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/02/10	08/10/10	121-82-4	RDX	0.247	U
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	2.62	
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	1.75	
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	21.2	J
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.89	
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.249	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.249	U
08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.51	
08/02/10	08/04/10	121-82-4	RDX	0.249	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	48.7	J
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	21.0	
08/02/10	08/05/10	55-63-0	Nitroglycerin	47.1	
08/02/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/02/10	08/10/10	121-14-2	2,4-Dinitrotoluene	2.59	
08/02/10	08/10/10	606-20-2	2,6-Dinitrotoluene	1.67	

08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	21.2	J
08/02/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.86	
08/02/10	08/10/10	88-72-2	2-Nitrotoluene	0.249	U
08/02/10	08/10/10	99-99-0	4-Nitrotoluene	0.249	U
08/02/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.18	
08/02/10	08/10/10	121-82-4	RDX	0.249	U
08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	20.3	
08/02/10	08/04/10	99-65-0	1,3-Dinitrobenzene	0.245	U
08/02/10	08/04/10	121-14-2	2,4-Dinitrotoluene	0.408	
08/02/10	08/04/10	606-20-2	2,6-Dinitrotoluene	0.245	U
08/02/10	08/04/10	118-96-7	2,4,6-Trinitrotoluene	0.671	
08/02/10	08/04/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.166	J
08/02/10	08/04/10	88-72-2	2-Nitrotoluene	0.245	U
08/02/10	08/04/10	99-99-0	4-Nitrotoluene	0.245	U
08/02/10	08/04/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.157	J
08/02/10	08/04/10	121-82-4	RDX	0.245	U
08/02/10	08/04/10	55-63-0	Nitroglycerin	0.245	U
08/02/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.245	U
08/02/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.183	J
08/02/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.245	U
08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.671	
08/02/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.147	J
08/02/10	08/10/10	88-72-2	2-Nitrotoluene	0.245	U
08/02/10	08/10/10	99-99-0	4-Nitrotoluene	0.245	U
08/02/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.195	J
08/02/10	08/10/10	121-82-4	RDX	0.245	U
08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.445	
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	1.53	
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.460	
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.249	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.249	U
08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.426	
08/02/10	08/05/10	121-82-4	RDX	0.249	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	0.249	U
08/02/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/02/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.345	
08/02/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	1.63	
08/02/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.385	
08/02/10	08/10/10	88-72-2	2-Nitrotoluene	0.249	U
08/02/10	08/10/10	99-99-0	4-Nitrotoluene	0.249	U
08/02/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.495	
08/02/10	08/10/10	121-82-4	RDX	0.249	U
08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.227	J
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	1.17	
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.173	J
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.248	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.248	U

08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.241	J
08/02/10	08/05/10	121-82-4	RDX	0.248	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	0.248	U
08/02/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/02/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.258	
08/02/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	1.17	
08/02/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.265	
08/02/10	08/10/10	88-72-2	2-Nitrotoluene	0.248	U
08/02/10	08/10/10	99-99-0	4-Nitrotoluene	0.248	U
08/02/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	J
08/02/10	08/10/10	121-82-4	RDX	0.248	U
08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.246	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.246	U
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.246	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.246	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.246	U
08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
08/02/10	08/05/10	121-82-4	RDX	0.246	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	0.246	U
08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.249	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.249	U
08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/02/10	08/05/10	121-82-4	RDX	0.249	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	0.249	U
08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.250	U
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.250	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.250	U
08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/02/10	08/05/10	121-82-4	RDX	0.250	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	0.250	U
08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.245	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.245	U
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.245	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	0.245	U
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.245	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.245	U
08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
08/02/10	08/05/10	121-82-4	RDX	0.245	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	0.245	U

08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.249	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.249	U
08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/02/10	08/05/10	121-82-4	RDX	0.249	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	0.249	U
08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.249	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.249	U
08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/02/10	08/05/10	121-82-4	RDX	0.249	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	0.249	U
08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.250	U
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.250	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.250	U
08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/02/10	08/05/10	121-82-4	RDX	0.250	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	0.250	U
08/02/10	08/05/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/02/10	08/05/10	121-14-2	2,4-Dinitrotoluene	0.137	J
08/02/10	08/05/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/02/10	08/05/10	118-96-7	2,4,6-Trinitrotoluene	0.810	
08/02/10	08/05/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.309	
08/02/10	08/05/10	88-72-2	2-Nitrotoluene	0.247	U
08/02/10	08/05/10	99-99-0	4-Nitrotoluene	0.247	U
08/02/10	08/05/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.322	
08/02/10	08/05/10	121-82-4	RDX	0.247	U
08/02/10	08/05/10	55-63-0	Nitroglycerin	1.57	
08/02/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/02/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.121	J
08/02/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/02/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.803	
08/02/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	
08/02/10	08/10/10	88-72-2	2-Nitrotoluene	0.247	U
08/02/10	08/10/10	99-99-0	4-Nitrotoluene	0.247	U
08/02/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.279	
08/02/10	08/10/10	121-82-4	RDX	0.247	U
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.245	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.245	U
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.245	U

08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	0.158	J
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.245	U
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.245	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
08/03/10	08/06/10	121-82-4	RDX	0.245	U
08/03/10	08/06/10	55-63-0	Nitroglycerin	1.84	
08/03/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.245	U
08/03/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.245	U
08/03/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.245	U
08/03/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.138	J
08/03/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
08/03/10	08/10/10	88-72-2	2-Nitrotoluene	0.245	U
08/03/10	08/10/10	99-99-0	4-Nitrotoluene	0.245	U
08/03/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
08/03/10	08/10/10	121-82-4	RDX	0.245	U
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.247	U
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.247	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/03/10	08/06/10	121-82-4	RDX	0.247	U
08/03/10	08/06/10	55-63-0	Nitroglycerin	0.247	U
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.247	U
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.247	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/03/10	08/06/10	121-82-4	RDX	0.247	U
08/03/10	08/06/10	55-63-0	Nitroglycerin	0.247	U
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.246	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.246	U
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.246	U
08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.246	U
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.246	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
08/03/10	08/06/10	121-82-4	RDX	0.246	U
08/03/10	08/06/10	55-63-0	Nitroglycerin	0.246	U
08/02/10	08/02/10	7439-92-1	Lead, Total	20.9	
08/02/10	08/02/10	7439-92-1	Lead, Total	11.8	
08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.95	UJ
08/03/10	08/04/10	60-57-1	Dieldrin	3.90	UJ
08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.92	UJ
08/03/10	08/04/10	60-57-1	Dieldrin	3.84	UJ

08/03/10	08/04/10	11097-69-1	Aroclor-1254	0.0195	U
08/03/10	08/04/10	11097-69-1	Aroclor-1254	0.0192	U
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.243	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.243	U
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.243	U
08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	0.243	U
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.243	U
08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.243	U
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.243	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.243	U
08/03/10	08/06/10	121-82-4	RDX	0.119	J
08/03/10	08/06/10	55-63-0	Nitroglycerin	0.243	U
08/03/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.243	U
08/03/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.243	U
08/03/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.243	U
08/03/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.243	U
08/03/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.243	U
08/03/10	08/10/10	88-72-2	2-Nitrotoluene	0.243	U
08/03/10	08/10/10	99-99-0	4-Nitrotoluene	0.243	U
08/03/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.243	U
08/03/10	08/10/10	121-82-4	RDX	0.0989	J
08/03/10	08/10/10	88-72-2	2-Nitrotoluene	0.243	U
08/03/10	08/10/10	99-99-0	4-Nitrotoluene	0.243	U
08/03/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.243	U
08/03/10	08/10/10	121-82-4	RDX	0.0989	J
08/03/10	08/07/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/03/10	08/07/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/03/10	08/07/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/03/10	08/07/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
08/03/10	08/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/03/10	08/07/10	88-72-2	2-Nitrotoluene	0.247	U
08/11/10	08/07/10	99-99-0	4-Nitrotoluene	0.247	U
08/11/10	08/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/11/10	08/07/10	121-82-4	RDX	0.247	U
08/11/10	08/07/10	55-63-0	Nitroglycerin	0.247	U
08/11/10	08/11/10	7439-92-1	Lead, Total	100	
08/11/10	08/11/10	7439-92-1	Lead, Total	599	
08/11/10	08/11/10	7439-92-1	Lead, Total	62.3	
08/11/10	08/11/10	7439-92-1	Lead, Total	27.2	
08/11/10	08/11/10	7439-92-1	Lead, Total	5.89	
08/11/10	08/11/10	7439-92-1	Lead, Total	7.73	
08/11/10	08/11/10	7439-92-1	Lead, Total	10.8	
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.79	UJ
08/11/10	08/13/10	60-57-1	Dieldrin	3.57	UJ
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.93	UJ
08/11/10	08/13/10	60-57-1	Dieldrin	3.87	UJ
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.83	UJ
08/11/10	08/13/10	60-57-1	Dieldrin	3.66	UJ
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.82	UJ
08/11/10	08/13/10	60-57-1	Dieldrin	3.64	UJ
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.77	UJ
08/11/10	08/13/10	60-57-1	Dieldrin	3.54	UJ

08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.90	U
08/11/10	08/13/10	60-57-1	Dieldrin	3.80	U
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.80	U
08/11/10	08/13/10	60-57-1	Dieldrin	3.60	U
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.66	UJ
08/11/10	08/13/10	60-57-1	Dieldrin	3.33	UJ
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.69	UJ
08/11/10	08/13/10	60-57-1	Dieldrin	3.38	UJ
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.80	UJ
08/11/10	08/13/10	60-57-1	Dieldrin	3.60	UJ
08/11/10	08/13/10	1024-57-3	Heptachlor epoxide	1.75	UJ
08/11/10	08/13/10	60-57-1	Dieldrin	3.51	UJ
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.242	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.242	U
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.242	U
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	0.242	U
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.242	U
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.242	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.242	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.242	U
08/12/10	08/13/10	121-82-4	RDX	0.242	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.242	U
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.241	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.241	U
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.241	U
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	0.241	U
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.241	U
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.241	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.241	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.241	U
08/12/10	08/13/10	121-82-4	RDX	0.241	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.241	U
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.250	U
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.250	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.250	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/12/10	08/13/10	121-82-4	RDX	0.250	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.250	U
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.244	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	1.05	
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.981	
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	94.5	J
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	3.35	
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.244	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.244	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	3.47	
08/12/10	08/13/10	121-82-4	RDX	0.244	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.244	U

08/12/10	08/16/10	118-96-7	2,4,6-Trinitrotoluene	81.6	
08/12/10	08/17/10	121-14-2	2,4-Dinitrotoluene	0.940	
08/12/10	08/17/10	606-20-2	2,6-Dinitrotoluene	0.835	
08/12/10	08/17/10	118-96-7	2,4,6-Trinitrotoluene	84.7	J
08/12/10	08/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.72	
08/12/10	08/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.75	
08/12/10	08/17/10	118-96-7	2,4,6-Trinitrotoluene	83.1	
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.336	
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.178	J
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	6.20	
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.66	
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.248	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.248	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.28	
08/12/10	08/13/10	121-82-4	RDX	0.248	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.248	U
08/12/10	08/17/10	121-14-2	2,4-Dinitrotoluene	0.250	
08/12/10	08/17/10	606-20-2	2,6-Dinitrotoluene	0.114	J
08/12/10	08/17/10	118-96-7	2,4,6-Trinitrotoluene	5.50	
08/12/10	08/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.40	
08/12/10	08/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.02	
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.475	
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.310	
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	15.5	J
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.92	
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.247	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.247	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.64	
08/12/10	08/13/10	121-82-4	RDX	0.247	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.247	U
08/12/10	08/16/10	118-96-7	2,4,6-Trinitrotoluene	15.0	
08/12/10	08/17/10	121-14-2	2,4-Dinitrotoluene	0.579	
08/12/10	08/17/10	606-20-2	2,6-Dinitrotoluene	0.434	
08/12/10	08/17/10	118-96-7	2,4,6-Trinitrotoluene	15.3	J
08/12/10	08/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	1.91	
08/12/10	08/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.35	
08/12/10	08/17/10	118-96-7	2,4,6-Trinitrotoluene	15.0	
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.247	UJ
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.397	J
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.248	J
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	91.4	J
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.56	J
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.247	UJ
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.247	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.76	J
08/12/10	08/13/10	121-82-4	RDX	0.247	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	2.07	J
08/12/10	08/16/10	118-96-7	2,4,6-Trinitrotoluene	90.0	
08/12/10	08/17/10	121-14-2	2,4-Dinitrotoluene	0.599	
08/12/10	08/17/10	606-20-2	2,6-Dinitrotoluene	0.476	

08/12/10	08/17/10	118-96-7	2,4,6-Trinitrotoluene	89.9	J
08/12/10	08/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.67	
08/12/10	08/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.47	
08/12/10	08/17/10	118-96-7	2,4,6-Trinitrotoluene	113	
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	6.81	
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.117	J
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.247	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.247	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.181	J
08/12/10	08/13/10	121-82-4	RDX	0.247	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.247	U
08/12/10	08/17/10	118-96-7	2,4,6-Trinitrotoluene	6.60	
08/12/10	08/17/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.184	J
08/12/10	08/17/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.156	J
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.249	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.249	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/12/10	08/13/10	121-82-4	RDX	0.249	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.249	U
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.248	U
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.248	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.248	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
08/12/10	08/13/10	121-82-4	RDX	0.248	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.248	U
08/12/10	08/13/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/12/10	08/13/10	121-14-2	2,4-Dinitrotoluene	0.250	U
08/12/10	08/13/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/12/10	08/13/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
08/12/10	08/13/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/12/10	08/13/10	88-72-2	2-Nitrotoluene	0.250	U
08/12/10	08/13/10	99-99-0	4-Nitrotoluene	0.250	U
08/12/10	08/13/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/12/10	08/13/10	121-82-4	RDX	0.250	U
08/12/10	08/13/10	55-63-0	Nitroglycerin	0.250	U
08/12/10	08/12/10	7439-92-1	Lead, Total	213	
08/12/10	08/14/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/12/10	08/14/10	121-14-2	2,4-Dinitrotoluene	0.469	M
08/12/10	08/14/10	606-20-2	2,6-Dinitrotoluene	0.296	M
08/12/10	08/14/10	118-96-7	2,4,6-Trinitrotoluene	32.8	J

08/12/10	08/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.26	M
08/12/10	08/14/10	88-72-2	2-Nitrotoluene	0.250	UM
08/12/10	08/14/10	99-99-0	4-Nitrotoluene	0.250	UM
08/12/10	08/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	2.30	M
08/12/10	08/14/10	121-82-4	RDX	0.283	M
08/12/10	08/14/10	55-63-0	Nitroglycerin	0.250	U
08/12/10	08/16/10	118-96-7	2,4,6-Trinitrotoluene	32.2	
08/12/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.489	
08/12/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.284	
08/12/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	32.6	J
08/12/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	2.18	
08/12/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	1.48	
08/12/10	08/18/10	121-82-4	RDX	0.181	J
08/12/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	38.2	
08/13/10	08/17/10	1024-57-3	Heptachlor epoxide	1.74	UJ
08/13/10	08/17/10	60-57-1	Dieldrin	3.49	UJ
08/16/10	08/16/10	7439-92-1	Lead, Total	10.4	
08/16/10	08/17/10	11097-69-1	Aroclor-1254	0.0188	U
08/16/10	08/18/10	1024-57-3	Heptachlor epoxide	0.0185	UJ
08/16/10	08/18/10	60-57-1	Dieldrin	3.76	UJ
08/16/10	08/19/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/16/10	08/19/10	121-14-2	2,4-Dinitrotoluene	0.248	U
08/16/10	08/19/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/16/10	08/19/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
08/16/10	08/19/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
08/16/10	08/19/10	88-72-2	2-Nitrotoluene	0.248	U
08/16/10	08/19/10	99-99-0	4-Nitrotoluene	0.248	U
08/16/10	08/19/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
08/16/10	08/19/10	121-82-4	RDX	0.248	U
08/16/10	08/19/10	55-63-0	Nitroglycerin	0.248	U
08/19/10	08/20/10	1024-57-3	Heptachlor epoxide	1.90	UJ
08/19/10	08/20/10	60-57-1	Dieldrin	3.80	UJ
08/18/10	08/18/10	7439-92-1	Lead, Total	23.8	
08/19/10	08/19/10	11097-69-1	Aroclor-1254	0.0185	UJ
08/19/10	08/20/10	1024-57-3	Heptachlor epoxide	1.85	U
08/19/10	08/20/10	60-57-1	Dieldrin	3.69	U
08/25/10	08/25/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/25/10	08/25/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/25/10	08/25/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/25/10	08/25/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/25/10	08/25/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/25/10	08/25/10	88-72-2	2-Nitrotoluene	0.249	U
08/25/10	08/25/10	99-99-0	4-Nitrotoluene	0.249	U
08/25/10	08/25/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/25/10	08/25/10	121-82-4	RDX	0.249	U
08/25/10	08/25/10	55-63-0	Nitroglycerin	0.249	U
08/23/10	08/24/10	1024-57-3	Heptachlor epoxide	1.90	UJ
08/23/10	08/24/10	60-57-1	Dieldrin	3.79	UJ
08/23/10	08/25/10	7439-92-1	Lead, Total	8.49	
08/25/10	08/26/10	99-65-0	1,3-Dinitrobenzene	0.242	U
08/25/10	08/26/10	121-14-2	2,4-Dinitrotoluene	0.242	U
08/25/10	08/26/10	606-20-2	2,6-Dinitrotoluene	0.242	U

08/25/10	08/26/10	118-96-7	2,4,6-Trinitrotoluene	2.06	
08/25/10	08/26/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.204	J
08/25/10	08/26/10	88-72-2	2-Nitrotoluene	0.242	U
08/25/10	08/26/10	99-99-0	4-Nitrotoluene	0.242	U
08/25/10	08/26/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.169	J
08/25/10	08/26/10	121-82-4	RDX	0.242	U
08/25/10	08/26/10	55-63-0	Nitroglycerin	0.242	U
08/25/10	08/31/10	99-65-0	1,3-Dinitrobenzene	0.242	U
08/25/10	08/31/10	121-14-2	2,4-Dinitrotoluene	0.242	U
08/25/10	08/31/10	606-20-2	2,6-Dinitrotoluene	0.242	U
08/25/10	08/31/10	118-96-7	2,4,6-Trinitrotoluene	2.04	
08/25/10	08/31/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.195	J
08/25/10	08/31/10	88-72-2	2-Nitrotoluene	0.242	U
08/25/10	08/31/10	99-99-0	4-Nitrotoluene	0.242	U
08/25/10	08/31/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.137	J
08/25/10	08/31/10	121-82-4	RDX	0.242	U
08/25/10	08/31/10	55-63-0	Nitroglycerin	0.242	U
09/07/10	09/09/10	99-65-0	1,3-Dinitrobenzene	0.242	U
09/07/10	09/09/10	121-14-2	2,4-Dinitrotoluene	0.242	U
09/07/10	09/09/10	606-20-2	2,6-Dinitrotoluene	0.242	U
09/07/10	09/09/10	118-96-7	2,4,6-Trinitrotoluene	0.242	U
09/07/10	09/09/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.242	U
09/07/10	09/09/10	88-72-2	2-Nitrotoluene	0.242	U
09/07/10	09/09/10	99-99-0	4-Nitrotoluene	0.242	U
09/07/10	09/09/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.242	U
09/07/10	09/09/10	121-82-4	RDX	0.242	U
09/07/10	09/09/10	55-63-0	Nitroglycerin	0.242	U
07/07/10	07/10/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.55	U
07/07/10	07/10/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	5.55	U
07/07/10	07/10/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	5.55	U
07/07/10	07/10/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	5.55	U
07/07/10	07/10/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	5.55	U
07/07/10	07/10/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.55	U
07/07/10	07/10/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.55	U
07/07/10	07/10/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	5.55	U
07/07/10	07/10/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.55	U
07/07/10	07/10/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.55	U
07/07/10	07/10/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	5.55	U
07/07/10	07/10/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.55	U
07/07/10	07/10/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.55	U
07/07/10	07/10/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.11	U
07/07/10	07/10/10	30402-14-3	Total Tetrachlorodibenzofuran	1.11	U
07/07/10	07/10/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.55	U
07/07/10	07/10/10	30402-15-4	Total Pentachlorodibenzofuran	5.55	U
07/07/10	07/10/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	1.04	J
07/07/10	07/10/10	38998-75-3	Total Heptachlorodibenzofuran	5.55	U
07/07/10	07/10/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	5.55	U
07/07/10	07/10/10	55684-94-1	Total Hexachlorodibenzofuran	5.55	U
07/07/10	07/10/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	20.8	
07/07/10	07/10/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	11.1	U
07/07/10	07/10/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.11	U
07/07/10	07/10/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.255	JK

07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0	0.00625	
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0.5	0.331	
07/07/10	07/10/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.77	U
07/07/10	07/10/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	5.77	U
07/07/10	07/10/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	5.77	U
07/07/10	07/10/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	1.12	JK
07/07/10	07/10/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	5.77	U
07/07/10	07/10/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.77	U
07/07/10	07/10/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.77	U
07/07/10	07/10/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	5.77	U
07/07/10	07/10/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.77	U
07/07/10	07/10/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.77	U
07/07/10	07/10/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	5.77	U
07/07/10	07/10/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.77	U
07/07/10	07/10/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.77	U
07/07/10	07/10/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.15	U
07/07/10	07/10/10	30402-14-3	Total Tetrachlorodibenzofuran	0.222	J
07/07/10	07/10/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.77	U
07/07/10	07/10/10	30402-15-4	Total Pentachlorodibenzofuran	5.77	U
07/07/10	07/10/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	1.91	J
07/07/10	07/10/10	38998-75-3	Total Heptachlorodibenzofuran	5.77	U
07/07/10	07/10/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	5.77	U
07/07/10	07/10/10	55684-94-1	Total Hexachlorodibenzofuran	5.77	U
07/07/10	07/10/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	45.2	
07/07/10	07/10/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	11.5	U
07/07/10	07/10/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.15	U
07/07/10	07/10/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.222	J
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0	0.0357	
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0.5	0.345	
07/07/10	07/10/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.45	U
07/07/10	07/10/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	5.45	U
07/07/10	07/10/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	5.45	U
07/07/10	07/10/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	7.46	K
07/07/10	07/10/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	0.966	JK
07/07/10	07/10/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.45	U
07/07/10	07/10/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.45	U
07/07/10	07/10/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	5.45	U
07/07/10	07/10/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.45	U
07/07/10	07/10/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.45	U
07/07/10	07/10/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	5.45	U
07/07/10	07/10/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.45	U
07/07/10	07/10/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.45	U
07/07/10	07/10/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.09	U
07/07/10	07/10/10	30402-14-3	Total Tetrachlorodibenzofuran	1.09	U
07/07/10	07/10/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.45	U
07/07/10	07/10/10	30402-15-4	Total Pentachlorodibenzofuran	0.637	J
07/07/10	07/10/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	5.45	U
07/07/10	07/10/10	38998-75-3	Total Heptachlorodibenzofuran	2.80	J
07/07/10	07/10/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	0.920	J
07/07/10	07/10/10	55684-94-1	Total Hexachlorodibenzofuran	5.45	U
07/07/10	07/10/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	135	
07/07/10	07/10/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	2.56	J

07/07/10	07/10/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.09	U
07/07/10	07/10/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.318	JK
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0	0.0413	
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0.5	0.400	
07/07/10	07/10/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	6.08	U
07/07/10	07/10/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	6.08	U
07/07/10	07/10/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	6.08	U
07/07/10	07/10/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	1.04	JK
07/07/10	07/10/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	6.08	U
07/07/10	07/10/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	6.08	U
07/07/10	07/10/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	6.08	U
07/07/10	07/10/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	6.08	U
07/07/10	07/10/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	6.08	U
07/07/10	07/10/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	6.08	U
07/07/10	07/10/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	6.08	U
07/07/10	07/10/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	6.08	U
07/07/10	07/10/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	6.08	U
07/07/10	07/10/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.22	U
07/07/10	07/10/10	30402-14-3	Total Tetrachlorodibenzofuran	1.22	U
07/07/10	07/10/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	6.08	U
07/07/10	07/10/10	30402-15-4	Total Pentachlorodibenzofuran	6.08	U
07/07/10	07/10/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	2.20	J
07/07/10	07/10/10	38998-75-3	Total Heptachlorodibenzofuran	6.08	U
07/07/10	07/10/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	6.08	U
07/07/10	07/10/10	55684-94-1	Total Hexachlorodibenzofuran	6.08	U
07/07/10	07/10/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	68.9	
07/07/10	07/10/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	12.2	U
07/07/10	07/10/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.22	U
07/07/10	07/10/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.241	JK
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0	0.0207	
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0.5	0.399	
07/07/10	07/10/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.98	U
07/07/10	07/10/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	5.98	U
07/07/10	07/10/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	5.98	U
07/07/10	07/10/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	36.1	
07/07/10	07/10/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	7.17	
07/07/10	07/10/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.98	U
07/07/10	07/10/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.98	U
07/07/10	07/10/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	0.435	J
07/07/10	07/10/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	1.19	J
07/07/10	07/10/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.98	U
07/07/10	07/10/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	0.705	J
07/07/10	07/10/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.98	U
07/07/10	07/10/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.98	U
07/07/10	07/10/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.20	U
07/07/10	07/10/10	30402-14-3	Total Tetrachlorodibenzofuran	1.20	U
07/07/10	07/10/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.98	U
07/07/10	07/10/10	30402-15-4	Total Pentachlorodibenzofuran	3.46	J
07/07/10	07/10/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	68.9	
07/07/10	07/10/10	38998-75-3	Total Heptachlorodibenzofuran	35.9	
07/07/10	07/10/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	3.74	J
07/07/10	07/10/10	55684-94-1	Total Hexachlorodibenzofuran	6.98	

07/07/10	07/10/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	2120	
07/07/10	07/10/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	18.7	
07/07/10	07/10/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.20	U
07/07/10	07/10/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.739	JK
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0	1.31	
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0.5	1.79	
07/07/10	07/10/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.84	U
07/07/10	07/10/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	5.84	U
07/07/10	07/10/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	5.84	U
07/07/10	07/10/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	0.856	JK
07/07/10	07/10/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	5.84	U
07/07/10	07/10/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.84	U
07/07/10	07/10/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.84	U
07/07/10	07/10/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	5.84	U
07/07/10	07/10/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.84	U
07/07/10	07/10/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.84	U
07/07/10	07/10/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	5.84	U
07/07/10	07/10/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.84	U
07/07/10	07/10/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.84	U
07/07/10	07/10/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.17	U
07/07/10	07/10/10	30402-14-3	Total Tetrachlorodibenzofuran	1.17	U
07/07/10	07/10/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.84	U
07/07/10	07/10/10	30402-15-4	Total Pentachlorodibenzofuran	5.84	U
07/07/10	07/10/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	1.34	J
07/07/10	07/10/10	38998-75-3	Total Heptachlorodibenzofuran	5.84	U
07/07/10	07/10/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	5.84	U
07/07/10	07/10/10	55684-94-1	Total Hexachlorodibenzofuran	5.84	U
07/07/10	07/10/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	34.5	
07/07/10	07/10/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	11.7	U
07/07/10	07/10/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.17	U
07/07/10	07/10/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	1.17	U
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0	0.0104	
07/07/10	07/10/10	TEQ	TEQ WHO2005 ND=0.5	0.327	
07/07/10	07/10/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.37	U
07/07/10	07/10/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	5.37	U
07/07/10	07/10/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	5.37	U
07/07/10	07/10/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	3.39	J
07/07/10	07/10/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	0.973	J
07/07/10	07/10/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.37	U
07/07/10	07/10/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.37	U
07/07/10	07/10/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	5.37	U
07/07/10	07/10/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.37	U
07/07/10	07/10/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.37	U
07/07/10	07/10/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	5.37	U
07/07/10	07/10/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.37	U
07/07/10	07/10/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.37	U
07/07/10	07/10/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.07	U
07/07/10	07/10/10	30402-14-3	Total Tetrachlorodibenzofuran	1.07	U
07/07/10	07/10/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.37	U
07/07/10	07/10/10	30402-15-4	Total Pentachlorodibenzofuran	5.37	U
07/07/10	07/10/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	6.33	
07/07/10	07/10/10	38998-75-3	Total Heptachlorodibenzofuran	2.76	J

07/07/10	07/10/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	0.726	J
07/07/10	07/10/10	55684-94-1 Total Hexachlorodibenzofuran	5.37	U
07/07/10	07/10/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	48.5	
07/07/10	07/10/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	1.83	J
07/07/10	07/10/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.07	U
07/07/10	07/10/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.434	JK
07/07/10	07/10/10	TEQ TEQ WHO2005 ND=0	0.0588	
07/07/10	07/10/10	TEQ TEQ WHO2005 ND=0.5	0.463	
07/07/10	07/10/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	5.82	U
07/07/10	07/10/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofura	5.82	U
07/07/10	07/10/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofura	5.82	U
07/07/10	07/10/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	9.08	
07/07/10	07/10/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	3.58	J
07/07/10	07/10/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	5.82	U
07/07/10	07/10/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	5.82	U
07/07/10	07/10/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	0.605	JK
07/07/10	07/10/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	5.82	U
07/07/10	07/10/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	5.82	U
07/07/10	07/10/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	5.82	U
07/07/10	07/10/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	5.82	U
07/07/10	07/10/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	5.82	U
07/07/10	07/10/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	1.16	U
07/07/10	07/10/10	30402-14-3 Total Tetrachlorodibenzofuran	2.63	
07/07/10	07/10/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	0.561	J
07/07/10	07/10/10	30402-15-4 Total Pentachlorodibenzofuran	1.08	J
07/07/10	07/10/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	16.8	
07/07/10	07/10/10	38998-75-3 Total Heptachlorodibenzofuran	12.0	
07/07/10	07/10/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	1.74	J
07/07/10	07/10/10	55684-94-1 Total Hexachlorodibenzofuran	4.31	J
07/07/10	07/10/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	79.8	
07/07/10	07/10/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	8.16	J
07/07/10	07/10/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.16	U
07/07/10	07/10/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.954	JK
07/07/10	07/10/10	TEQ TEQ WHO2005 ND=0	0.153	
07/07/10	07/10/10	TEQ TEQ WHO2005 ND=0.5	0.787	
07/07/10	07/10/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	5.63	U
07/07/10	07/10/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofura	5.63	U
07/07/10	07/10/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofura	5.63	U
07/07/10	07/10/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	35.9	
07/07/10	07/10/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	7.17	
07/07/10	07/10/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	5.63	U
07/07/10	07/10/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	5.63	U
07/07/10	07/10/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	1.06	JK
07/07/10	07/10/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	5.63	U
07/07/10	07/10/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	1.05	JK
07/07/10	07/10/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	5.63	U
07/07/10	07/10/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	5.63	U
07/07/10	07/10/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	0.828	J
07/07/10	07/10/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	1.13	U
07/07/10	07/10/10	30402-14-3 Total Tetrachlorodibenzofuran	2.35	
07/07/10	07/10/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	0.862	J
07/07/10	07/10/10	30402-15-4 Total Pentachlorodibenzofuran	9.79	

07/07/10	07/10/10	37871-00-4 Total Heptachlorodibenzo-p-dioxin	59.0	
07/07/10	07/10/10	38998-75-3 Total Heptachlorodibenzofuran	29.0	
07/07/10	07/10/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	5.78	
07/07/10	07/10/10	55684-94-1 Total Hexachlorodibenzofuran	13.6	
07/07/10	07/10/10	3268-87-9 2,3,4,6,7,8,9-Octachlorodibenzo-p-d	283	
07/07/10	07/10/10	39001-02-0 2,3,4,6,7,8,9-Octachlorodibenzofu	17.9	
07/07/10	07/10/10	1746-01-6 2,3,7,8-Tetrachlorodibenzo-p-dioxi	1.13	U
07/07/10	07/10/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	1.01	J
07/07/10	07/10/10	TEQ TEQ WHO2005 ND=0	0.705	
07/07/10	07/10/10	TEQ TEQ WHO2005 ND=0.5	1.47	
07/14/10	07/27/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	0.367	JK
07/14/10	07/27/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	1.43	J
07/14/10	07/27/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.414	JK
07/14/10	07/27/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	19.5	
07/14/10	07/27/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	6.65	
07/14/10	07/27/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	0.502	J
07/14/10	07/27/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	0.364	JK
07/14/10	07/27/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	1.04	J
07/14/10	07/27/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	0.829	J
07/14/10	07/27/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	0.559	J
07/14/10	07/27/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	0.761	J
07/14/10	07/27/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	0.293	J
07/14/10	07/27/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	0.628	J
07/14/10	07/27/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.430	J
07/14/10	07/27/10	30402-14-3 Total Tetrachlorodibenzofuran	8.88	
07/14/10	07/27/10	36088-22-9 Total Pentachlorodibenzo-p-dioxin	1.48	J
07/14/10	07/27/10	30402-15-4 Total Pentachlorodibenzofuran	11.4	
07/14/10	07/27/10	37871-00-4 Total Heptachlorodibenzo-p-dioxin	35.0	
07/14/10	07/27/10	38998-75-3 Total Heptachlorodibenzofuran	18.4	
07/14/10	07/27/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	6.64	
07/14/10	07/27/10	55684-94-1 Total Hexachlorodibenzofuran	9.69	
07/14/10	07/27/10	3268-87-9 2,3,4,6,7,8,9-Octachlorodibenzo-p-d	186	
07/14/10	07/27/10	39001-02-0 2,3,4,6,7,8,9-Octachlorodibenzofu	18.7	
07/14/10	07/27/10	1746-01-6 2,3,7,8-Tetrachlorodibenzo-p-dioxi	0.430	J
07/14/10	07/27/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.514	J
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0	1.26	
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0.5	1.36	
07/14/10	07/27/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	0.169	J
07/14/10	07/27/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	0.195	JK
07/14/10	07/27/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.155	JK
07/14/10	07/27/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	1.39	J
07/14/10	07/27/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.354	J
07/14/10	07/27/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	0.193	J
07/14/10	07/27/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	0.121	JK
07/14/10	07/27/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	0.145	J
07/14/10	07/27/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	0.152	J
07/14/10	07/27/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	0.147	J
07/14/10	07/27/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	0.257	JK
07/14/10	07/27/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	0.190	J
07/14/10	07/27/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	0.131	J
07/14/10	07/27/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.773	U
07/14/10	07/27/10	30402-14-3 Total Tetrachlorodibenzofuran	0.201	J

07/14/10	07/27/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	0.169	J
07/14/10	07/27/10	30402-15-4 Total Pentachlorodibenzofuran	3.87	U
07/14/10	07/27/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	3.38	J
07/14/10	07/27/10	38998-75-3 Total Heptachlorodibenzofuran	0.547	J
07/14/10	07/27/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	0.799	J
07/14/10	07/27/10	55684-94-1 Total Hexachlorodibenzofuran	0.727	J
07/14/10	07/27/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	33.6	
07/14/10	07/27/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	1.04	J
07/14/10	07/27/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.773	U
07/14/10	07/27/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.201	J
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0	0.295	
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0.5	0.357	
07/14/10	07/27/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	1.52	JK
07/14/10	07/27/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	3.60	J
07/14/10	07/27/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	4.22	J
07/14/10	07/27/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	90.9	
07/14/10	07/27/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	30.7	
07/14/10	07/27/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	2.90	J
07/14/10	07/27/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	1.59	J
07/14/10	07/27/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	5.27	
07/14/10	07/27/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	4.05	J
07/14/10	07/27/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	4.21	J
07/14/10	07/27/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	3.71	J
07/14/10	07/27/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	1.73	J
07/14/10	07/27/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	4.51	
07/14/10	07/27/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	11.0	
07/14/10	07/27/10	30402-14-3 Total Tetrachlorodibenzofuran	80.4	
07/14/10	07/27/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	14.7	
07/14/10	07/27/10	30402-15-4 Total Pentachlorodibenzofuran	58.7	
07/14/10	07/27/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	167	
07/14/10	07/27/10	38998-75-3 Total Heptachlorodibenzofuran	77.2	
07/14/10	07/27/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	44.7	
07/14/10	07/27/10	55684-94-1 Total Hexachlorodibenzofuran	57.8	
07/14/10	07/27/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	754	
07/14/10	07/27/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	69.6	
07/14/10	07/27/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.524	J
07/14/10	07/27/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	3.80	
07/14/10	07/27/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	5.12	
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0	6.28	
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0.5	6.33	
07/14/10	07/27/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	0.292	JK
07/14/10	07/27/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	0.268	J
07/14/10	07/27/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.296	J
07/14/10	07/27/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	4.63	
07/14/10	07/27/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.551	J
07/14/10	07/27/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	0.374	J
07/14/10	07/27/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	0.371	J
07/14/10	07/27/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	0.321	J
07/14/10	07/27/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	0.353	JK
07/14/10	07/27/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	0.304	J
07/14/10	07/27/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	0.510	J
07/14/10	07/27/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	0.447	J

07/14/10	07/27/10	60851-34-5 ,3,4,6,7,8-Hexachlorodibenzofura	0.313	J
07/14/10	07/27/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.799	U
07/14/10	07/27/10	30402-14-3 Total Tetrachlorodibenzofuran	0.481	J
07/14/10	07/27/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	3.99	U
07/14/10	07/27/10	30402-15-4 Total Pentachlorodibenzofuran	0.641	J
07/14/10	07/27/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	12.7	
07/14/10	07/27/10	38998-75-3 Total Heptachlorodibenzofuran	0.925	J
07/14/10	07/27/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	1.52	J
07/14/10	07/27/10	55684-94-1 Total Hexachlorodibenzofuran	1.52	J
07/14/10	07/27/10	3268-87-9 ,3,4,6,7,8,9-Octachlorodibenzo-p-d	237	
07/14/10	07/27/10	39001-02-0 ,3,4,6,7,8,9-Octachlorodibenzofu	1.68	J
07/14/10	07/27/10	1746-01-6 ,3,7,8-Tetrachlorodibenzo-p-dioxi	0.310	JK
07/14/10	07/27/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.224	J
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0	0.473	
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0.5	0.541	
07/14/10	07/27/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	0.0717	JK
07/14/10	07/27/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	0.0812	JK
07/14/10	07/27/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	3.98	U
07/14/10	07/27/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	1.10	J
07/14/10	07/27/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.178	JK
07/14/10	07/27/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	0.086	J
07/14/10	07/27/10	39227-28-6 ,3,4,7,8-Hexachlorodibenzo-p-dic	3.98	U
07/14/10	07/27/10	70648-26-9 ,2,3,4,7,8-Hexachlorodibenzofura	0.0637	JK
07/14/10	07/27/10	57653-85-7 ,3,6,7,8-Hexachlorodibenzo-p-dic	3.98	U
07/14/10	07/27/10	57117-44-9 ,2,3,6,7,8-Hexachlorodibenzofura	0.0605	JK
07/14/10	07/27/10	19408-74-3 ,3,7,8,9-Hexachlorodibenzo-p-dic	0.123	J
07/14/10	07/27/10	72918-21-9 ,2,3,7,8,9-Hexachlorodibenzofura	0.0637	JK
07/14/10	07/27/10	60851-34-5 ,3,4,6,7,8-Hexachlorodibenzofura	0.0573	JK
07/14/10	07/27/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.796	U
07/14/10	07/27/10	30402-14-3 Total Tetrachlorodibenzofuran	0.435	J
07/14/10	07/27/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	3.98	U
07/14/10	07/27/10	30402-15-4 Total Pentachlorodibenzofuran	3.98	U
07/14/10	07/27/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	2.93	J
07/14/10	07/27/10	38998-75-3 Total Heptachlorodibenzofuran	0.271	J
07/14/10	07/27/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	0.412	J
07/14/10	07/27/10	55684-94-1 Total Hexachlorodibenzofuran	0.0812	J
07/14/10	07/27/10	3268-87-9 ,3,4,6,7,8,9-Octachlorodibenzo-p-d	42.3	
07/14/10	07/27/10	39001-02-0 ,3,4,6,7,8,9-Octachlorodibenzofu	0.514	J
07/14/10	07/27/10	1746-01-6 ,3,7,8-Tetrachlorodibenzo-p-dioxi	0.796	U
07/14/10	07/27/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.190	J
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0	0.0559	
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0.5	0.147	
07/14/10	07/27/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	4.01	U
07/14/10	07/27/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	4.01	U
07/14/10	07/27/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	4.01	U
07/14/10	07/27/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	0.813	J
07/14/10	07/27/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	4.01	U
07/14/10	07/27/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	4.01	U
07/14/10	07/27/10	39227-28-6 ,3,4,7,8-Hexachlorodibenzo-p-dic	4.01	U
07/14/10	07/27/10	70648-26-9 ,2,3,4,7,8-Hexachlorodibenzofura	4.01	U
07/14/10	07/27/10	57653-85-7 ,3,6,7,8-Hexachlorodibenzo-p-dic	4.01	U
07/14/10	07/27/10	57117-44-9 ,2,3,6,7,8-Hexachlorodibenzofura	4.01	U

07/14/10	07/27/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	4.01	U
07/14/10	07/27/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	0.0737	JK
07/14/10	07/27/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	4.01	U
07/14/10	07/27/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.801	U
07/14/10	07/27/10	30402-14-3 Total Tetrachlorodibenzofuran	0.136	J
07/14/10	07/27/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	4.01	U
07/14/10	07/27/10	30402-15-4 Total Pentachlorodibenzofuran	4.01	U
07/14/10	07/27/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	2.43	J
07/14/10	07/27/10	38998-75-3 Total Heptachlorodibenzofuran	4.01	U
07/14/10	07/27/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	4.01	U
07/14/10	07/27/10	55684-94-1 Total Hexachlorodibenzofuran	4.01	U
07/14/10	07/27/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	32.3	
07/14/10	07/27/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	0.210	JK
07/14/10	07/27/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.801	U
07/14/10	07/27/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.136	J
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0	0.0314	
07/14/10	07/27/10	TEQ TEQ WHO2005 ND=0.5	0.123	
08/12/10	08/19/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	5.20	U
08/12/10	08/19/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	0.102	JK
08/12/10	08/19/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.116	JK
08/12/10	08/19/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	4.87	J
08/12/10	08/19/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.360	J
08/12/10	08/19/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	5.20	U
08/12/10	08/19/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	5.20	U
08/12/10	08/19/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	5.20	U
08/12/10	08/19/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	5.20	U
08/12/10	08/19/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	5.20	U
08/12/10	08/19/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	5.20	U
08/12/10	08/19/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	0.183	J
08/12/10	08/19/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	5.20	U
08/12/10	08/19/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	1.04	U
08/12/10	08/19/10	30402-14-3 Total Tetrachlorodibenzofuran	1.18	
08/12/10	08/19/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	0.183	J
08/12/10	08/19/10	30402-15-4 Total Pentachlorodibenzofuran	5.20	U
08/12/10	08/19/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	13.4	
08/12/10	08/19/10	38998-75-3 Total Heptachlorodibenzofuran	0.360	J
08/12/10	08/19/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	1.42	J
08/12/10	08/19/10	55684-94-1 Total Hexachlorodibenzofuran	0.605	J
08/12/10	08/19/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	211	
08/12/10	08/19/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	0.782	J
08/12/10	08/19/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.04	U
08/12/10	08/19/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.693	J
08/12/10	08/19/10	TEQ TEQ WHO2005 ND=0	0.203	
08/12/10	08/19/10	TEQ TEQ WHO2005 ND=0.5	0.366	
08/12/10	08/23/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	0.153	J
08/12/10	08/23/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	0.153	J
08/12/10	08/23/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.172	J
08/12/10	08/23/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	2.04	JK
08/12/10	08/23/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.216	JK
08/12/10	08/23/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	0.182	J
08/12/10	08/23/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	4.90	U
08/12/10	08/23/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	0.147	JK

08/12/10	08/23/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	4.90	U
08/12/10	08/23/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	0.167	JK
08/12/10	08/23/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	0.290	JK
08/12/10	08/23/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	0.296	JK
08/12/10	08/23/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	0.145	J
08/12/10	08/23/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.980	U
08/12/10	08/23/10	30402-14-3 Total Tetrachlorodibenzofuran	0.700	J
08/12/10	08/23/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	0.153	J
08/12/10	08/23/10	30402-15-4 Total Pentachlorodibenzofuran	0.466	J
08/12/10	08/23/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	4.29	J
08/12/10	08/23/10	38998-75-3 Total Heptachlorodibenzofuran	0.331	J
08/12/10	08/23/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	0.643	J
08/12/10	08/23/10	55684-94-1 Total Hexachlorodibenzofuran	0.145	J
08/12/10	08/23/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	86.6	
08/12/10	08/23/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	0.676	J
08/12/10	08/23/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.980	U
08/12/10	08/23/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.700	J
08/12/10	08/23/10	TEQ TEQ WHO2005 ND=0	0.322	
08/12/10	08/23/10	TEQ TEQ WHO2005 ND=0.5	0.435	
08/12/10	08/19/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	5.15	U
08/12/10	08/19/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofurair	5.15	U
08/12/10	08/19/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofurair	5.15	U
08/12/10	08/19/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	1.35	J
08/12/10	08/19/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.319	J
08/12/10	08/19/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	5.15	U
08/12/10	08/19/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	5.15	U
08/12/10	08/19/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	5.15	U
08/12/10	08/19/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	5.15	U
08/12/10	08/19/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	5.15	U
08/12/10	08/19/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	5.15	U
08/12/10	08/19/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	5.15	U
08/12/10	08/19/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	5.15	U
08/12/10	08/19/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	1.03	U
08/12/10	08/19/10	30402-14-3 Total Tetrachlorodibenzofuran	0.777	J
08/12/10	08/19/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	5.15	U
08/12/10	08/19/10	30402-15-4 Total Pentachlorodibenzofuran	5.15	U
08/12/10	08/19/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	1.35	J
08/12/10	08/19/10	38998-75-3 Total Heptachlorodibenzofuran	0.319	J
08/12/10	08/19/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	0.610	J
08/12/10	08/19/10	55684-94-1 Total Hexachlorodibenzofuran	5.15	U
08/12/10	08/19/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	17.2	
08/12/10	08/19/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	0.564	J
08/12/10	08/19/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.03	U
08/12/10	08/19/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.443	J
08/12/10	08/19/10	TEQ TEQ WHO2005 ND=0	0.0663	
08/12/10	08/19/10	TEQ TEQ WHO2005 ND=0.5	0.254	
08/12/10	08/19/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	5.08	U
08/12/10	08/19/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofurair	5.08	U
08/12/10	08/19/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofurair	5.08	U
08/12/10	08/19/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	0.518	J
08/12/10	08/19/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	5.08	U
08/12/10	08/19/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	5.08	U

08/12/10	08/19/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.08	U
08/12/10	08/19/10	70648-26-9	1,2,3,4,7,8-Hexachlorodibenzofura	5.08	U
08/12/10	08/19/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.08	U
08/12/10	08/19/10	57117-44-9	1,2,3,6,7,8-Hexachlorodibenzofura	5.08	U
08/12/10	08/19/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	5.08	U
08/12/10	08/19/10	72918-21-9	1,2,3,7,8,9-Hexachlorodibenzofura	5.08	U
08/12/10	08/19/10	60851-34-5	1,3,4,6,7,8-Hexachlorodibenzofura	5.08	U
08/12/10	08/19/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.02	U
08/12/10	08/19/10	30402-14-3	Total Tetrachlorodibenzofuran	0.988	J
08/12/10	08/19/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.08	U
08/12/10	08/19/10	30402-15-4	Total Pentachlorodibenzofuran	5.08	U
08/12/10	08/19/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	1.46	J
08/12/10	08/19/10	38998-75-3	Total Heptachlorodibenzofuran	5.08	U
08/12/10	08/19/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	5.08	U
08/12/10	08/19/10	55684-94-1	Total Hexachlorodibenzofuran	5.08	U
08/12/10	08/19/10	3268-87-9	1,3,4,6,7,8,9-Octachlorodibenzo-p-d	17.9	
08/12/10	08/19/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	10.2	U
08/12/10	08/19/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.02	U
08/12/10	08/19/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.608	J
08/12/10	08/19/10	TEQ	TEQ WHO2005 ND=0	0.0713	
08/12/10	08/19/10	TEQ	TEQ WHO2005 ND=0.5	0.254	
08/12/10	08/19/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	0.223	JK
08/12/10	08/19/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	0.625	J
08/12/10	08/19/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	0.362	J
08/12/10	08/19/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	16.0	
08/12/10	08/19/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	5.35	
08/12/10	08/19/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	0.450	J
08/12/10	08/19/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	0.267	J
08/12/10	08/19/10	70648-26-9	1,2,3,4,7,8-Hexachlorodibenzofura	0.635	J
08/12/10	08/19/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	0.651	J
08/12/10	08/19/10	57117-44-9	1,2,3,6,7,8-Hexachlorodibenzofura	0.334	J
08/12/10	08/19/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	0.613	J
08/12/10	08/19/10	72918-21-9	1,2,3,7,8,9-Hexachlorodibenzofura	5.02	U
08/12/10	08/19/10	60851-34-5	1,3,4,6,7,8-Hexachlorodibenzofura	0.490	J
08/12/10	08/19/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	0.203	J
08/12/10	08/19/10	30402-14-3	Total Tetrachlorodibenzofuran	5.15	
08/12/10	08/19/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	0.820	J
08/12/10	08/19/10	30402-15-4	Total Pentachlorodibenzofuran	6.55	
08/12/10	08/19/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	30.1	
08/12/10	08/19/10	38998-75-3	Total Heptachlorodibenzofuran	15.6	
08/12/10	08/19/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	3.52	J
08/12/10	08/19/10	55684-94-1	Total Hexachlorodibenzofuran	7.86	
08/12/10	08/19/10	3268-87-9	1,3,4,6,7,8,9-Octachlorodibenzo-p-d	168	
08/12/10	08/19/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	12.9	
08/12/10	08/19/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.203	J
08/12/10	08/19/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.937	J
08/12/10	08/19/10	TEQ	TEQ WHO2005 ND=0	0.995	
08/12/10	08/19/10	TEQ	TEQ WHO2005 ND=0.5	1.07	
08/12/10	08/19/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	0.131	J
08/12/10	08/19/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	0.281	J
08/12/10	08/19/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	0.273	J
08/12/10	08/19/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	4.43	J

08/12/10	08/19/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	1.46	J
08/12/10	08/19/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	0.253	J
08/12/10	08/19/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	5.13	U
08/12/10	08/19/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	0.296	JK
08/12/10	08/19/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	0.290	JK
08/12/10	08/19/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	0.265	JK
08/12/10	08/19/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	5.13	U
08/12/10	08/19/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	0.173	J
08/12/10	08/19/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	0.214	JK
08/12/10	08/19/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	1.03	U
08/12/10	08/19/10	30402-14-3 Total Tetrachlorodibenzofuran	2.64	
08/12/10	08/19/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	0.476	J
08/12/10	08/19/10	30402-15-4 Total Pentachlorodibenzofuran	3.21	J
08/12/10	08/19/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	9.01	
08/12/10	08/19/10	38998-75-3 Total Heptachlorodibenzofuran	3.88	J
08/12/10	08/19/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	1.72	J
08/12/10	08/19/10	55684-94-1 Total Hexachlorodibenzofuran	2.28	J
08/12/10	08/19/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	78.9	
08/12/10	08/19/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	4.43	J
08/12/10	08/19/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.03	U
08/12/10	08/19/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.657	JK
08/12/10	08/19/10	TEQ TEQ WHO2005 ND=0	0.325	
08/12/10	08/19/10	TEQ TEQ WHO2005 ND=0.5	0.445	
08/30/10	09/01/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	0.0886	J
08/30/10	09/01/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	0.0886	JK
08/30/10	09/01/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.111	JK
08/30/10	09/01/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	1.10	J
08/30/10	09/01/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.113	JK
08/30/10	09/01/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	0.0776	J
08/30/10	09/01/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	4.62	U
08/30/10	09/01/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	0.0942	J
08/30/10	09/01/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	4.62	U
08/30/10	09/01/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	0.0757	JK
08/30/10	09/01/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	4.62	U
08/30/10	09/01/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	0.120	JK
08/30/10	09/01/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	4.62	U
08/30/10	09/01/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.923	U
08/30/10	09/01/10	30402-14-3 Total Tetrachlorodibenzofuran	0.469	J
08/30/10	09/01/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	0.0886	J
08/30/10	09/01/10	30402-15-4 Total Pentachlorodibenzofuran	4.62	U
08/30/10	09/01/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	3.31	J
08/30/10	09/01/10	38998-75-3 Total Heptachlorodibenzofuran	0.0776	J
08/30/10	09/01/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	0.580	J
08/30/10	09/01/10	55684-94-1 Total Hexachlorodibenzofuran	0.0942	J
08/30/10	09/01/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	36.1	
08/30/10	09/01/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	0.366	J
08/30/10	09/01/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.923	U
08/30/10	09/01/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.259	J
08/30/10	09/01/10	TEQ TEQ WHO2005 ND=0	0.147	
08/30/10	09/01/10	TEQ TEQ WHO2005 ND=0.5	0.267	
08/30/10	09/01/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	0.231	JK
08/30/10	09/01/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	0.261	J

08/30/10	09/01/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.270	JK
08/30/10	09/01/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	1.49	J
08/30/10	09/01/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.422	J
08/30/10	09/01/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	0.341	J
08/30/10	09/01/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	0.220	J
08/30/10	09/01/10	70648-26-9 1,2,3,4,7,8-Hexachlorodibenzofura	0.265	JK
08/30/10	09/01/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	0.257	J
08/30/10	09/01/10	57117-44-9 1,2,3,6,7,8-Hexachlorodibenzofura	0.268	J
08/30/10	09/01/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	0.450	J
08/30/10	09/01/10	72918-21-9 1,2,3,7,8,9-Hexachlorodibenzofura	0.474	J
08/30/10	09/01/10	60851-34-5 1,3,4,6,7,8-Hexachlorodibenzofura	0.245	J
08/30/10	09/01/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.894	U
08/30/10	09/01/10	30402-14-3 Total Tetrachlorodibenzofuran	0.481	J
08/30/10	09/01/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	4.47	U
08/30/10	09/01/10	30402-15-4 Total Pentachlorodibenzofuran	0.261	J
08/30/10	09/01/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	3.86	J
08/30/10	09/01/10	38998-75-3 Total Heptachlorodibenzofuran	0.763	J
08/30/10	09/01/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	1.45	J
08/30/10	09/01/10	55684-94-1 Total Hexachlorodibenzofuran	0.987	J
08/30/10	09/01/10	3268-87-9 1,3,4,6,7,8,9-Octachlorodibenzo-p-d	43.8	
08/30/10	09/01/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	0.892	J
08/30/10	09/01/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.894	U
08/30/10	09/01/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.295	J
08/30/10	09/01/10	TEQ TEQ WHO2005 ND=0	0.265	
08/30/10	09/01/10	TEQ TEQ WHO2005 ND=0.5	0.378	
08/30/10	09/01/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	0.069	J
08/30/10	09/01/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	0.0732	JK
08/30/10	09/01/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.0983	J
08/30/10	09/01/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	5.23	U
08/30/10	09/01/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.109	J
08/30/10	09/01/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	5.23	U
08/30/10	09/01/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	5.23	U
08/30/10	09/01/10	70648-26-9 1,2,3,4,7,8-Hexachlorodibenzofura	0.0586	J
08/30/10	09/01/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	5.23	U
08/30/10	09/01/10	57117-44-9 1,2,3,6,7,8-Hexachlorodibenzofura	5.23	U
08/30/10	09/01/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	5.23	U
08/30/10	09/01/10	72918-21-9 1,2,3,7,8,9-Hexachlorodibenzofura	0.134	JK
08/30/10	09/01/10	60851-34-5 1,3,4,6,7,8-Hexachlorodibenzofura	0.0586	JK
08/30/10	09/01/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	1.05	U
08/30/10	09/01/10	30402-14-3 Total Tetrachlorodibenzofuran	0.655	J
08/30/10	09/01/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	0.069	J
08/30/10	09/01/10	30402-15-4 Total Pentachlorodibenzofuran	0.0983	J
08/30/10	09/01/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	1.05	J
08/30/10	09/01/10	38998-75-3 Total Heptachlorodibenzofuran	0.109	J
08/30/10	09/01/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	0.192	J
08/30/10	09/01/10	55684-94-1 Total Hexachlorodibenzofuran	0.0586	J
08/30/10	09/01/10	3268-87-9 1,3,4,6,7,8,9-Octachlorodibenzo-p-d	6.70	J
08/30/10	09/01/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	0.383	JK
08/30/10	09/01/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.05	U
08/30/10	09/01/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.370	J
08/30/10	09/01/10	TEQ TEQ WHO2005 ND=0	0.144	
08/30/10	09/01/10	TEQ TEQ WHO2005 ND=0.5	0.263	

08/26/10	08/28/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	4.47	U
08/26/10	08/28/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	4.47	U
08/26/10	08/28/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.0929	JK
08/26/10	08/28/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	0.832	J
08/26/10	08/28/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.164	JK
08/26/10	08/28/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	4.47	U
08/26/10	08/28/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	4.47	U
08/26/10	08/28/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	4.47	U
08/26/10	08/28/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	4.47	U
08/26/10	08/28/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	4.47	U
08/26/10	08/28/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	4.47	U
08/26/10	08/28/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	4.47	U
08/26/10	08/28/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	4.47	U
08/26/10	08/28/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.893	U
08/26/10	08/28/10	30402-14-3 Total Tetrachlorodibenzofuran	0.572	J
08/26/10	08/28/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	4.47	U
08/26/10	08/28/10	30402-15-4 Total Pentachlorodibenzofuran	4.47	U
08/26/10	08/28/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	2.38	J
08/26/10	08/28/10	38998-75-3 Total Heptachlorodibenzofuran	4.47	U
08/26/10	08/28/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	0.380	J
08/26/10	08/28/10	55684-94-1 Total Hexachlorodibenzofuran	4.47	U
08/26/10	08/28/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	24.5	
08/26/10	08/28/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	0.347	J
08/26/10	08/28/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.893	U
08/26/10	08/28/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.338	J
08/26/10	08/28/10	TEQ TEQ WHO2005 ND=0	0.0495	
08/26/10	08/28/10	TEQ TEQ WHO2005 ND=0.5	0.202	
09/08/10	09/14/10	40321-76-4 2,3,7,8-Pentachlorodibenzo-p-dio:	4.85	U
09/08/10	09/14/10	57117-41-6 1,2,3,7,8-Pentachlorodibenzofur	0.264	J
09/08/10	09/14/10	57117-31-4 2,3,4,7,8-Pentachlorodibenzofur	0.217	JK
09/08/10	09/14/10	35822-46-9 3,4,6,7,8-Heptachlorodibenzo-p-d	2.69	J
09/08/10	09/14/10	67562-39-4 2,3,4,6,7,8-Heptachlorodibenzofur	0.857	J
09/08/10	09/14/10	55673-89-7 2,3,4,7,8,9-Heptachlorodibenzofur	0.250	JK
09/08/10	09/14/10	39227-28-6 1,3,4,7,8-Hexachlorodibenzo-p-dic	0.174	JK
09/08/10	09/14/10	70648-26-9 2,3,4,7,8-Hexachlorodibenzofura	0.258	J
09/08/10	09/14/10	57653-85-7 1,3,6,7,8-Hexachlorodibenzo-p-dic	0.250	JK
09/08/10	09/14/10	57117-44-9 2,3,6,7,8-Hexachlorodibenzofura	0.192	JK
09/08/10	09/14/10	19408-74-3 1,3,7,8,9-Hexachlorodibenzo-p-dic	0.289	JK
09/08/10	09/14/10	72918-21-9 2,3,7,8,9-Hexachlorodibenzofura	0.368	J
09/08/10	09/14/10	60851-34-5 3,4,6,7,8-Hexachlorodibenzofura	0.219	J
09/08/10	09/14/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.969	U
09/08/10	09/14/10	30402-14-3 Total Tetrachlorodibenzofuran	1.16	
09/08/10	09/14/10	36088-22-9 Total Pentachlorodibenzo-p-dioxir	4.85	U
09/08/10	09/14/10	30402-15-4 Total Pentachlorodibenzofuran	0.473	J
09/08/10	09/14/10	37871-00-4 Total Heptachlorodibenzo-p-dioxir	2.69	J
09/08/10	09/14/10	38998-75-3 Total Heptachlorodibenzofuran	2.08	J
09/08/10	09/14/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	0.512	J
09/08/10	09/14/10	55684-94-1 Total Hexachlorodibenzofuran	1.55	J
09/08/10	09/14/10	3268-87-9 3,4,6,7,8,9-Octachlorodibenzo-p-d	36.4	
09/08/10	09/14/10	39001-02-0 1,3,4,6,7,8,9-Octachlorodibenzofu	1.99	J
09/08/10	09/14/10	1746-01-6 1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.969	U
09/08/10	09/14/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.704	J

09/08/10	09/14/10	TEQ	TEQ WHO2005 ND=0	0.210	
09/08/10	09/14/10	TEQ	TEQ WHO2005 ND=0.5	0.493	
09/08/10	09/14/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	4.81	U
09/08/10	09/14/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	4.81	U
09/08/10	09/14/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	4.81	U
09/08/10	09/14/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	1.14	J
09/08/10	09/14/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	0.427	JK
09/08/10	09/14/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	4.81	U
09/08/10	09/14/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	4.81	U
09/08/10	09/14/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	4.81	U
09/08/10	09/14/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	4.81	U
09/08/10	09/14/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	4.81	U
09/08/10	09/14/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	4.81	U
09/08/10	09/14/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	4.81	U
09/08/10	09/14/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	4.81	U
09/08/10	09/14/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	0.962	U
09/08/10	09/14/10	30402-14-3	Total Tetrachlorodibenzofuran	0.627	J
09/08/10	09/14/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	4.81	U
09/08/10	09/14/10	30402-15-4	Total Pentachlorodibenzofuran	4.81	U
09/08/10	09/14/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	2.43	J
09/08/10	09/14/10	38998-75-3	Total Heptachlorodibenzofuran	0.475	J
09/08/10	09/14/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	4.81	U
09/08/10	09/14/10	55684-94-1	Total Hexachlorodibenzofuran	0.237	J
09/08/10	09/14/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	11.8	
09/08/10	09/14/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	0.770	JK
09/08/10	09/14/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.962	U
09/08/10	09/14/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.627	J
09/08/10	09/14/10	TEQ	TEQ WHO2005 ND=0	0.0776	
09/08/10	09/14/10	TEQ	TEQ WHO2005 ND=0.5	0.313	
09/09/10	09/14/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	4.32	U
09/09/10	09/14/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	4.32	U
09/09/10	09/14/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	0.0915	J
09/09/10	09/14/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	2.58	J
09/09/10	09/14/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	0.243	JK
09/09/10	09/14/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	4.32	U
09/09/10	09/14/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	4.32	U
09/09/10	09/14/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	4.32	U
09/09/10	09/14/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	4.32	U
09/09/10	09/14/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	4.32	U
09/09/10	09/14/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	4.32	U
09/09/10	09/14/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	4.32	U
09/09/10	09/14/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	4.32	U
09/09/10	09/14/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	0.863	U
09/09/10	09/14/10	30402-14-3	Total Tetrachlorodibenzofuran	0.708	J
09/09/10	09/14/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	0.119	J
09/09/10	09/14/10	30402-15-4	Total Pentachlorodibenzofuran	0.0915	J
09/09/10	09/14/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	6.99	
09/09/10	09/14/10	38998-75-3	Total Heptachlorodibenzofuran	4.32	U
09/09/10	09/14/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	0.698	J
09/09/10	09/14/10	55684-94-1	Total Hexachlorodibenzofuran	0.192	J
09/09/10	09/14/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	112	
09/09/10	09/14/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	0.409	J

09/09/10	09/14/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.863	U
09/09/10	09/14/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.404	J
09/09/10	09/14/10	TEQ	TEQ WHO2005 ND=0	0.127	
09/09/10	09/14/10	TEQ	TEQ WHO2005 ND=0.5	0.299	
09/09/10	09/14/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	0.515	J
09/09/10	09/14/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	0.623	J
09/09/10	09/14/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	1.03	J
09/09/10	09/14/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	39.1	
09/09/10	09/14/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	7.60	
09/09/10	09/14/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	0.934	JK
09/09/10	09/14/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	0.533	J
09/09/10	09/14/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	1.18	J
09/09/10	09/14/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	2.02	J
09/09/10	09/14/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	0.895	J
09/09/10	09/14/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	1.68	J
09/09/10	09/14/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	0.538	JK
09/09/10	09/14/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	0.919	J
09/09/10	09/14/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.06	
09/09/10	09/14/10	30402-14-3	Total Tetrachlorodibenzofuran	13.5	
09/09/10	09/14/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	3.32	J
09/09/10	09/14/10	30402-15-4	Total Pentachlorodibenzofuran	9.65	
09/09/10	09/14/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	74.1	
09/09/10	09/14/10	38998-75-3	Total Heptachlorodibenzofuran	21.0	
09/09/10	09/14/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	15.2	
09/09/10	09/14/10	55684-94-1	Total Hexachlorodibenzofuran	13.0	
09/09/10	09/14/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	419	
09/09/10	09/14/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	17.6	
09/09/10	09/14/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.819	U
09/09/10	09/14/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	1.49	
09/09/10	09/14/10	TEQ	TEQ WHO2005 ND=0	2.31	
09/09/10	09/14/10	TEQ	TEQ WHO2005 ND=0.5	2.46	
09/09/10	09/17/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	1.45	
09/17/10	09/22/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.53	U
09/17/10	09/22/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	5.53	U
09/17/10	09/22/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	5.53	U
09/17/10	09/22/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	1.33	J
09/17/10	09/22/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	0.201	J
09/17/10	09/22/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.53	U
09/17/10	09/22/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.53	U
09/17/10	09/22/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	5.53	U
09/17/10	09/22/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.53	U
09/17/10	09/22/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.53	U
09/17/10	09/22/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	5.53	U
09/17/10	09/22/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.53	U
09/17/10	09/22/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.53	U
09/17/10	09/22/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.11	U
09/17/10	09/22/10	30402-14-3	Total Tetrachlorodibenzofuran	0.759	J
09/17/10	09/22/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.53	U
09/17/10	09/22/10	30402-15-4	Total Pentachlorodibenzofuran	5.53	U
09/17/10	09/22/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	4.00	J
09/17/10	09/22/10	38998-75-3	Total Heptachlorodibenzofuran	0.201	J
09/17/10	09/22/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	5.53	U

09/17/10	09/22/10	55684-94-1	Total Hexachlorodibenzofuran	5.53	U
09/17/10	09/22/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	51.8	
09/17/10	09/22/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	11.1	U
09/17/10	09/22/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.11	U
09/17/10	09/22/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.442	J
09/17/10	09/22/10	TEQ	TEQ WHO2005 ND=0	0.0751	
09/17/10	09/22/10	TEQ	TEQ WHO2005 ND=0.5	0.250	
09/17/10	09/22/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.49	U
09/17/10	09/22/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofura	5.49	U
09/17/10	09/22/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofura	5.49	U
09/17/10	09/22/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	1.64	J
09/17/10	09/22/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	5.49	U
09/17/10	09/22/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.49	U
09/17/10	09/22/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.49	U
09/17/10	09/22/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	5.49	U
09/17/10	09/22/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.49	U
09/17/10	09/22/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.49	U
09/17/10	09/22/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	5.49	U
09/17/10	09/22/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.49	U
09/17/10	09/22/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.49	U
09/17/10	09/22/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.10	U
09/17/10	09/22/10	30402-14-3	Total Tetrachlorodibenzofuran	0.338	J
09/17/10	09/22/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.49	U
09/17/10	09/22/10	30402-15-4	Total Pentachlorodibenzofuran	5.49	U
09/17/10	09/22/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	4.45	J
09/17/10	09/22/10	38998-75-3	Total Heptachlorodibenzofuran	5.49	U
09/17/10	09/22/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	0.544	J
09/17/10	09/22/10	55684-94-1	Total Hexachlorodibenzofuran	5.49	U
09/17/10	09/22/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	52.7	
09/17/10	09/22/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	11.0	U
09/17/10	09/22/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.10	U
09/17/10	09/22/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.338	J
09/17/10	09/22/10	TEQ	TEQ WHO2005 ND=0	0.0661	
09/17/10	09/22/10	TEQ	TEQ WHO2005 ND=0.5	0.269	
09/17/10	09/22/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.44	U
09/17/10	09/22/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofura	5.44	U
09/17/10	09/22/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofura	5.44	UQ
09/17/10	09/22/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	2.05	J
09/17/10	09/22/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	0.370	J
09/17/10	09/22/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.44	U
09/17/10	09/22/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.44	U
09/17/10	09/22/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	5.44	U
09/17/10	09/22/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.44	U
09/17/10	09/22/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.44	U
09/17/10	09/22/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	0.185	J
09/17/10	09/22/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.44	U
09/17/10	09/22/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.44	U
09/17/10	09/22/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.09	U
09/17/10	09/22/10	30402-14-3	Total Tetrachlorodibenzofuran	0.436	J
09/17/10	09/22/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.44	U
09/17/10	09/22/10	30402-15-4	Total Pentachlorodibenzofuran	0.0936	JQ
09/17/10	09/22/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	5.33	J

09/17/10	09/22/10	38998-75-3	Total Heptachlorodibenzofuran	0.370	J
09/17/10	09/22/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	0.710	J
09/17/10	09/22/10	55684-94-1	Total Hexachlorodibenzofuran	0.272	J
09/17/10	09/22/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	48.4	
09/17/10	09/22/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	0.854	J
09/17/10	09/22/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.09	U
09/17/10	09/22/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.436	J
09/17/10	09/22/10	TEQ	TEQ WHO2005 ND=0	0.101	
09/17/10	09/22/10	TEQ	TEQ WHO2005 ND=0.5	0.255	
09/17/10	09/22/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	5.52	U
09/17/10	09/22/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofura	5.52	U
09/17/10	09/22/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofura	5.52	UQ
09/17/10	09/22/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	1.29	JK
09/17/10	09/22/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	5.52	U
09/17/10	09/22/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	5.52	U
09/17/10	09/22/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	5.52	U
09/17/10	09/22/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	5.52	U
09/17/10	09/22/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	5.52	U
09/17/10	09/22/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	5.52	U
09/17/10	09/22/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	5.52	U
09/17/10	09/22/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	5.52	U
09/17/10	09/22/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	5.52	U
09/17/10	09/22/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	1.10	U
09/17/10	09/22/10	30402-14-3	Total Tetrachlorodibenzofuran	0.429	J
09/17/10	09/22/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	5.52	U
09/17/10	09/22/10	30402-15-4	Total Pentachlorodibenzofuran	5.52	UQ
09/17/10	09/22/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	2.13	J
09/17/10	09/22/10	38998-75-3	Total Heptachlorodibenzofuran	5.52	U
09/17/10	09/22/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	0.590	J
09/17/10	09/22/10	55684-94-1	Total Hexachlorodibenzofuran	0.0773	J
09/17/10	09/22/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	40.4	
09/17/10	09/22/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	11.0	U
09/17/10	09/22/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	1.10	U
09/17/10	09/22/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.429	J
09/17/10	09/22/10	TEQ	TEQ WHO2005 ND=0	0.055	
09/17/10	09/22/10	TEQ	TEQ WHO2005 ND=0.5	0.240	
08/23/10	08/24/10	1024-57-3	Heptachlor epoxide	2.16	UJ
08/23/10	08/24/10	60-57-1	Dieldrin	4.32	UJ
08/23/10	08/24/10	1024-57-3	Heptachlor epoxide	1.97	UJ
08/23/10	08/24/10	60-57-1	Dieldrin	3.94	UJ
08/23/10	08/24/10	1024-57-3	Heptachlor epoxide	2.03	UJ
08/23/10	08/24/10	60-57-1	Dieldrin	4.06	UJ
08/23/10	08/24/10	1024-57-3	Heptachlor epoxide	1.92	UJ
08/23/10	08/24/10	60-57-1	Dieldrin	3.84	UJ
08/23/10	08/24/10	1024-57-3	Heptachlor epoxide	1.90	UJ
08/23/10	08/24/10	60-57-1	Dieldrin	3.79	UJ
08/23/10	08/25/10	7439-92-1	Lead, Total	7.83	
08/23/10	08/25/10	7439-92-1	Lead, Total	9.91	
08/23/10	08/25/10	7439-92-1	Lead, Total	9.80	
08/23/10	08/25/10	7439-92-1	Lead, Total	16.8	
08/23/10	08/25/10	7439-92-1	Lead, Total	8.49	
08/25/10	08/26/10	99-65-0	1,3-Dinitrobenzene	0.249	U

08/25/10	08/26/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/25/10	08/26/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/25/10	08/26/10	118-96-7	2,4,6-Trinitrotoluene	0.578	
08/25/10	08/26/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.294	
08/25/10	08/26/10	88-72-2	2-Nitrotoluene	0.249	U
08/25/10	08/26/10	99-99-0	4-Nitrotoluene	0.249	U
08/25/10	08/26/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/25/10	08/26/10	121-82-4	RDX	0.249	U
08/25/10	08/26/10	55-63-0	Nitroglycerin	0.249	U
08/25/10	08/26/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/25/10	08/26/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/25/10	08/26/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/25/10	08/26/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/25/10	08/26/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/25/10	08/26/10	88-72-2	2-Nitrotoluene	0.249	U
08/25/10	08/26/10	99-99-0	4-Nitrotoluene	0.249	U
08/25/10	08/26/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/25/10	08/26/10	121-82-4	RDX	0.249	U
08/25/10	08/26/10	55-63-0	Nitroglycerin	0.249	U
08/25/10	08/26/10	99-65-0	1,3-Dinitrobenzene	0.243	U
08/25/10	08/26/10	121-14-2	2,4-Dinitrotoluene	0.243	U
08/25/10	08/26/10	606-20-2	2,6-Dinitrotoluene	0.243	U
08/25/10	08/26/10	118-96-7	2,4,6-Trinitrotoluene	0.243	U
08/25/10	08/26/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.243	U
08/25/10	08/26/10	88-72-2	2-Nitrotoluene	0.243	U
08/25/10	08/26/10	99-99-0	4-Nitrotoluene	0.243	U
08/25/10	08/26/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.243	U
08/25/10	08/26/10	121-82-4	RDX	0.243	U
08/25/10	08/26/10	55-63-0	Nitroglycerin	0.243	U
08/25/10	08/26/10	99-65-0	1,3-Dinitrobenzene	0.245	U
08/25/10	08/26/10	121-14-2	2,4-Dinitrotoluene	0.245	U
08/25/10	08/26/10	606-20-2	2,6-Dinitrotoluene	0.245	U
08/25/10	08/26/10	118-96-7	2,4,6-Trinitrotoluene	0.258	
08/25/10	08/26/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.137	J
08/25/10	08/26/10	88-72-2	2-Nitrotoluene	0.245	U
08/25/10	08/26/10	99-99-0	4-Nitrotoluene	0.245	U
08/25/10	08/26/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
08/25/10	08/26/10	121-82-4	RDX	0.245	U
08/25/10	08/26/10	55-63-0	Nitroglycerin	0.245	U
08/25/10	08/26/10	99-65-0	1,3-Dinitrobenzene	0.242	U
08/25/10	08/26/10	121-14-2	2,4-Dinitrotoluene	0.242	U
08/25/10	08/26/10	606-20-2	2,6-Dinitrotoluene	0.242	U
08/25/10	08/26/10	118-96-7	2,4,6-Trinitrotoluene	2.06	
08/25/10	08/26/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.204	J
08/25/10	08/26/10	88-72-2	2-Nitrotoluene	0.242	U
08/25/10	08/26/10	99-99-0	4-Nitrotoluene	0.242	U
08/25/10	08/26/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.169	J
08/25/10	08/26/10	121-82-4	RDX	0.242	U
08/25/10	08/26/10	55-63-0	Nitroglycerin	0.242	U
05/11/10	05/12/10	7440-38-2	Arsenic, TCLP	0.001	U
05/11/10	05/12/10	7440-39-3	Barium, TCLP	0.00129	
05/11/10	05/12/10	7440-43-9	Cadmium, TCLP	0.0001	U

[illegible]

05/11/10	05/12/10	7440-22-4	Silver, TCLP	0.0001	U
05/11/10	05/11/10	pH	Corrosivity pH	7.86	
05/11/10	05/11/10	pH	Corrosivity pH	7.54	
05/11/10	05/11/10	pH	Corrosivity pH	7.64	
05/11/10	05/11/10	pH	Corrosivity pH	7.44	
05/11/10	05/11/10	pH	Corrosivity pH	6.25	
05/11/10	05/11/10	pH	Corrosivity pH	6.85	
05/11/10	05/11/10	pH	Corrosivity pH	6.22	
05/11/10	05/11/10	pH	Corrosivity pH	7.72	
05/11/10	05/12/10	7439-97-6	Mercury, TCLP	0.000002	U
05/11/10	05/12/10	7439-97-6	Mercury, TCLP	0.000002	U
05/11/10	05/12/10	7439-97-6	Mercury, TCLP	0.000002	U
05/11/10	05/12/10	7439-97-6	Mercury, TCLP	0.000002	U
05/11/10	05/12/10	7439-97-6	Mercury, TCLP	0.000002	U
05/11/10	05/12/10	7439-97-6	Mercury, TCLP	0.000002	U
05/11/10	05/12/10	7439-97-6	Mercury, TCLP	0.000002	U
05/11/10	05/12/10	7439-97-6	Mercury, TCLP	0.000002	U
05/11/10	05/13/10	72-54-8	4,4'-DDD	1.85	UJ
05/11/10	05/13/10	72-55-9	4,4'-DDE	1.85	UJ
05/11/10	05/13/10	50-29-3	4,4'-DDT	1.85	UJ
05/11/10	05/13/10	309-00-2	Aldrin	1.85	UJ
05/11/10	05/13/10	5103-71-9	alpha Chlordane	1.85	UJ
05/11/10	05/13/10	319-84-6	alpha-BHC	1.85	UJ
05/11/10	05/13/10	319-85-7	beta-BHC	1.85	UJ
05/11/10	05/13/10	319-86-8	delta-BHC	1.85	UJ
05/11/10	05/13/10	60-57-1	Dieldrin	1.85	UJ
05/11/10	05/13/10	959-98-8	Endosulfan I	1.85	UJ
05/11/10	05/13/10	33213-65-9	Endosulfan II	1.85	UJ
05/11/10	05/13/10	1031-07-8	Endosulfan sulfate	1.85	UJ
05/11/10	05/13/10	72-20-8	Endrin	1.85	UJ
05/11/10	05/13/10	7421-93-4	Endrin aldehyde	1.85	UJ
05/11/10	05/13/10	53494-70-5	Endrin ketone	1.85	UJ
05/11/10	05/13/10	5103-74-2	gamma Chlordane	1.85	UJ
05/11/10	05/13/10	58-89-9	gamma-BHC (Lindane)	1.85	UJ
05/11/10	05/13/10	76-44-8	Heptachlor	1.85	UJ
05/11/10	05/13/10	1024-57-3	Heptachlor epoxide	1.85	UJ
05/11/10	05/13/10	72-43-5	Methoxychlor	1.85	UJ
05/11/10	05/13/10	8001-35-2	Toxaphene	36.9	UJ
05/11/10	05/13/10	72-54-8	4,4'-DDD	1.91	UJ
05/11/10	05/13/10	72-55-9	4,4'-DDE	1.91	UJ
05/11/10	05/13/10	50-29-3	4,4'-DDT	1.91	UJ
05/11/10	05/13/10	309-00-2	Aldrin	1.91	UJ
05/11/10	05/13/10	5103-71-9	alpha Chlordane	1.91	UJ
05/11/10	05/13/10	319-84-6	alpha-BHC	1.91	UJ
05/11/10	05/13/10	319-85-7	beta-BHC	1.91	UJ
05/11/10	05/13/10	319-86-8	delta-BHC	1.91	UJ
05/11/10	05/13/10	60-57-1	Dieldrin	1.91	UJ
05/11/10	05/13/10	959-98-8	Endosulfan I	1.91	UJ
05/11/10	05/13/10	33213-65-9	Endosulfan II	1.91	UJ
05/11/10	05/13/10	1031-07-8	Endosulfan sulfate	1.91	UJ
05/11/10	05/13/10	72-20-8	Endrin	1.91	UJ
05/11/10	05/13/10	7421-93-4	Endrin aldehyde	1.91	UJ

05/11/10	05/13/10	53494-70-5	Endrin ketone	1.91	UJ
05/11/10	05/13/10	5103-74-2	gamma Chlordane	1.91	UJ
05/11/10	05/13/10	58-89-9	gamma-BHC (Lindane)	1.91	UJ
05/11/10	05/13/10	76-44-8	Heptachlor	1.91	UJ
05/11/10	05/13/10	1024-57-3	Heptachlor epoxide	1.91	UJ
05/11/10	05/13/10	72-43-5	Methoxychlor	1.91	UJ
05/11/10	05/13/10	8001-35-2	Toxaphene	38.2	UJ
05/11/10	05/13/10	72-54-8	4,4'-DDD	1.93	UJ
05/11/10	05/13/10	72-55-9	4,4'-DDE	1.93	UJ
05/11/10	05/13/10	50-29-3	4,4'-DDT	1.93	UJ
05/11/10	05/13/10	309-00-2	Aldrin	1.93	UJ
05/11/10	05/13/10	5103-71-9	alpha Chlordane	1.93	UJ
05/11/10	05/13/10	319-84-6	alpha-BHC	1.93	UJ
05/11/10	05/13/10	319-85-7	beta-BHC	1.93	UJ
05/11/10	05/13/10	319-86-8	delta-BHC	1.93	UJ
05/11/10	05/13/10	60-57-1	Dieldrin	1.93	UJ
05/11/10	05/13/10	959-98-8	Endosulfan I	1.93	UJ
05/11/10	05/13/10	33213-65-9	Endosulfan II	1.93	UJ
05/11/10	05/13/10	1031-07-8	Endosulfan sulfate	1.93	UJ
05/11/10	05/13/10	72-20-8	Endrin	1.93	UJ
05/11/10	05/13/10	7421-93-4	Endrin aldehyde	1.93	UJ
05/11/10	05/13/10	53494-70-5	Endrin ketone	1.93	UJ
05/11/10	05/13/10	5103-74-2	gamma Chlordane	1.93	UJ
05/11/10	05/13/10	58-89-9	gamma-BHC (Lindane)	1.93	UJ
05/11/10	05/13/10	76-44-8	Heptachlor	1.93	UJ
05/11/10	05/13/10	1024-57-3	Heptachlor epoxide	1.93	UJ
05/11/10	05/13/10	72-43-5	Methoxychlor	1.93	UJ
05/11/10	05/13/10	8001-35-2	Toxaphene	38.7	UJ
05/11/10	05/13/10	72-54-8	4,4'-DDD	1.9	UJ
05/11/10	05/13/10	72-55-9	4,4'-DDE	1.9	UJ
05/11/10	05/13/10	50-29-3	4,4'-DDT	1.9	UJ
05/11/10	05/13/10	309-00-2	Aldrin	1.9	UJ
05/11/10	05/13/10	5103-71-9	alpha Chlordane	1.9	UJ
05/11/10	05/13/10	319-84-6	alpha-BHC	1.9	UJ
05/11/10	05/13/10	319-85-7	beta-BHC	1.9	UJ
05/11/10	05/13/10	319-86-8	delta-BHC	1.9	UJ
05/11/10	05/13/10	60-57-1	Dieldrin	1.9	UJ
05/11/10	05/13/10	959-98-8	Endosulfan I	1.9	UJ
05/11/10	05/13/10	33213-65-9	Endosulfan II	1.9	UJ
05/11/10	05/13/10	1031-07-8	Endosulfan sulfate	1.9	UJ
05/11/10	05/13/10	72-20-8	Endrin	1.9	UJ
05/11/10	05/13/10	7421-93-4	Endrin aldehyde	1.9	UJ
05/11/10	05/13/10	53494-70-5	Endrin ketone	1.9	UJ
05/11/10	05/13/10	5103-74-2	gamma Chlordane	1.16	J
05/11/10	05/13/10	58-89-9	gamma-BHC (Lindane)	1.9	UJ
05/11/10	05/13/10	76-44-8	Heptachlor	1.9	UJ
05/11/10	05/13/10	1024-57-3	Heptachlor epoxide	1.9	UJ
05/11/10	05/13/10	72-43-5	Methoxychlor	1.9	UJ
05/11/10	05/13/10	8001-35-2	Toxaphene	38	UJ
05/11/10	05/13/10	5103-74-2	gamma Chlordane	2.93	J
05/11/10	05/13/10	72-54-8	4,4'-DDD	1.9	UJ
05/11/10	05/13/10	72-55-9	4,4'-DDE	1.9	UJ

05/11/10	05/13/10	50-29-3	4,4'-DDT	1.9	UJ
05/11/10	05/13/10	309-00-2	Aldrin	1.9	UJ
05/11/10	05/13/10	5103-71-9	alpha Chlordane	1.9	UJ
05/11/10	05/13/10	319-84-6	alpha-BHC	1.9	UJ
05/11/10	05/13/10	319-85-7	beta-BHC	1.9	UJ
05/11/10	05/13/10	319-86-8	delta-BHC	1.9	UJ
05/11/10	05/13/10	60-57-1	Dieldrin	1.9	UJ
05/11/10	05/13/10	959-98-8	Endosulfan I	1.9	UJ
05/11/10	05/13/10	33213-65-9	Endosulfan II	1.9	UJ
05/11/10	05/13/10	1031-07-8	Endosulfan sulfate	1.9	UJ
05/11/10	05/13/10	72-20-8	Endrin	1.9	UJ
05/11/10	05/13/10	7421-93-4	Endrin aldehyde	1.9	UJ
05/11/10	05/13/10	53494-70-5	Endrin ketone	1.9	UJ
05/11/10	05/13/10	5103-74-2	gamma Chlordane	1.9	UJ
05/11/10	05/13/10	58-89-9	gamma-BHC (Lindane)	1.9	UJ
05/11/10	05/13/10	76-44-8	Heptachlor	1.9	UJ
05/11/10	05/13/10	1024-57-3	Heptachlor epoxide	1.9	UJ
05/11/10	05/13/10	72-43-5	Methoxychlor	1.9	UJ
05/11/10	05/13/10	8001-35-2	Toxaphene	38	UJ
05/11/10	05/13/10	72-54-8	4,4'-DDD	1.76	U
05/11/10	05/13/10	72-55-9	4,4'-DDE	1.76	U
05/11/10	05/13/10	50-29-3	4,4'-DDT	1.76	U
05/11/10	05/13/10	309-00-2	Aldrin	1.76	U
05/11/10	05/13/10	5103-71-9	alpha Chlordane	1.76	U
05/11/10	05/13/10	319-84-6	alpha-BHC	1.76	U
05/11/10	05/13/10	319-85-7	beta-BHC	1.76	U
05/11/10	05/13/10	319-86-8	delta-BHC	1.76	U
05/11/10	05/13/10	60-57-1	Dieldrin	1.76	U
05/11/10	05/13/10	959-98-8	Endosulfan I	1.76	U
05/11/10	05/13/10	33213-65-9	Endosulfan II	1.76	U
05/11/10	05/13/10	1031-07-8	Endosulfan sulfate	1.76	U
05/11/10	05/13/10	72-20-8	Endrin	1.76	U
05/11/10	05/13/10	7421-93-4	Endrin aldehyde	1.76	U
05/11/10	05/13/10	53494-70-5	Endrin ketone	1.76	U
05/11/10	05/13/10	5103-74-2	gamma Chlordane	1.76	U
05/11/10	05/13/10	58-89-9	gamma-BHC (Lindane)	1.76	U
05/11/10	05/13/10	76-44-8	Heptachlor	1.76	U
05/11/10	05/13/10	1024-57-3	Heptachlor epoxide	1.76	U
05/11/10	05/13/10	72-43-5	Methoxychlor	1.76	U
05/11/10	05/13/10	8001-35-2	Toxaphene	35.2	U
05/11/10	05/13/10	72-54-8	4,4'-DDD	1.71	U
05/11/10	05/13/10	72-55-9	4,4'-DDE	1.71	U
05/11/10	05/13/10	50-29-3	4,4'-DDT	1.71	U
05/11/10	05/13/10	309-00-2	Aldrin	1.71	U
05/11/10	05/13/10	5103-71-9	alpha Chlordane	1.71	U
05/11/10	05/13/10	319-84-6	alpha-BHC	1.71	U
05/11/10	05/13/10	319-85-7	beta-BHC	1.71	U
05/11/10	05/13/10	319-86-8	delta-BHC	1.71	U
05/11/10	05/13/10	60-57-1	Dieldrin	1.71	U
05/11/10	05/13/10	959-98-8	Endosulfan I	1.71	U
05/11/10	05/13/10	33213-65-9	Endosulfan II	1.71	U
05/11/10	05/13/10	1031-07-8	Endosulfan sulfate	1.71	U

05/11/10	05/13/10	72-20-8	Endrin	1.71	U
05/11/10	05/13/10	7421-93-4	Endrin aldehyde	1.71	U
05/11/10	05/13/10	53494-70-5	Endrin ketone	1.71	U
05/11/10	05/13/10	5103-74-2	gamma Chlordane	1.71	U
05/11/10	05/13/10	58-89-9	gamma-BHC (Lindane)	1.71	U
05/11/10	05/13/10	76-44-8	Heptachlor	1.71	U
05/11/10	05/13/10	1024-57-3	Heptachlor epoxide	1.71	U
05/11/10	05/13/10	72-43-5	Methoxychlor	1.71	U
05/11/10	05/13/10	8001-35-2	Toxaphene	34.3	U
05/11/10	05/13/10	72-54-8	4,4'-DDD	1.95	UJ
05/11/10	05/13/10	72-55-9	4,4'-DDE	1.95	UJ
05/11/10	05/13/10	50-29-3	4,4'-DDT	1.95	UJ
05/11/10	05/13/10	309-00-2	Aldrin	1.95	UJ
05/11/10	05/13/10	5103-71-9	alpha Chlordane	1.95	UJ
05/11/10	05/13/10	319-84-6	alpha-BHC	1.95	UJ
05/11/10	05/13/10	319-85-7	beta-BHC	1.95	UJ
05/11/10	05/13/10	319-86-8	delta-BHC	1.95	UJ
05/11/10	05/13/10	60-57-1	Dieldrin	1.95	UJ
05/11/10	05/13/10	959-98-8	Endosulfan I	1.95	UJ
05/11/10	05/13/10	33213-65-9	Endosulfan II	1.95	UJ
05/11/10	05/13/10	1031-07-8	Endosulfan sulfate	1.95	UJ
05/11/10	05/13/10	72-20-8	Endrin	1.95	UJ
05/11/10	05/13/10	7421-93-4	Endrin aldehyde	1.95	UJ
05/11/10	05/13/10	53494-70-5	Endrin ketone	1.95	UJ
05/11/10	05/13/10	5103-74-2	gamma Chlordane	1.95	UJ
05/11/10	05/13/10	58-89-9	gamma-BHC (Lindane)	1.95	UJ
05/11/10	05/13/10	76-44-8	Heptachlor	1.95	UJ
05/11/10	05/13/10	1024-57-3	Heptachlor epoxide	1.95	UJ
05/11/10	05/13/10	72-43-5	Methoxychlor	1.95	UJ
05/11/10	05/13/10	8001-35-2	Toxaphene	38.9	UJ
05/13/10	05/13/10	18496-25-8	Reactivity, Sulfide	100	U
05/13/10	05/13/10	18496-25-8	Reactivity, Sulfide	100	U
05/13/10	05/13/10	18496-25-8	Reactivity, Sulfide	100	U
05/13/10	05/13/10	18496-25-8	Reactivity, Sulfide	100	U
05/13/10	05/13/10	18496-25-8	Reactivity, Sulfide	100	U
05/13/10	05/13/10	18496-25-8	Reactivity, Sulfide	100	U
05/13/10	05/13/10	18496-25-8	Reactivity, Sulfide	100	U
05/13/10	05/13/10	18496-25-8	Reactivity, Sulfide	100	U
05/12/10	05/14/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/14/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/14/10	118-96-7	2,4,6-Trinitrotoluene	1.69	
05/12/10	05/14/10	121-14-2	2,4-Dinitrotoluene	0.11	J
05/12/10	05/14/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.159	J
05/12/10	05/14/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.152	J
05/12/10	05/14/10	2691-41-0	HMX	2.55	
05/12/10	05/14/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/14/10	121-82-4	RDX	0.25	U
05/12/10	05/14/10	479-45-8	Tetryl	0.25	U

05/12/10	05/14/10	55-63-0	Nitroglycerin	0.918	
05/12/10	05/15/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/15/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/15/10	118-96-7	2,4,6-Trinitrotoluene	1.72	
05/12/10	05/15/10	121-14-2	2,4-Dinitrotoluene	0.119	J
05/12/10	05/15/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.109	J
05/12/10	05/15/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/15/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/15/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.153	J
05/12/10	05/15/10	2691-41-0	HMX	2.47	
05/12/10	05/15/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/15/10	121-82-4	RDX	0.25	U
05/12/10	05/15/10	479-45-8	Tetryl	0.25	U
05/12/10	05/17/10	78-11-5	PETN	0.25	U
05/12/10	05/14/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/14/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/14/10	118-96-7	2,4,6-Trinitrotoluene	0.34	
05/12/10	05/14/10	121-14-2	2,4-Dinitrotoluene	0.36	
05/12/10	05/14/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	2691-41-0	HMX	2.81	
05/12/10	05/14/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/14/10	121-82-4	RDX	0.25	U
05/12/10	05/14/10	479-45-8	Tetryl	0.25	U
05/12/10	05/14/10	55-63-0	Nitroglycerin	1.08	
05/12/10	05/15/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/15/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/15/10	118-96-7	2,4,6-Trinitrotoluene	0.352	
05/12/10	05/15/10	121-14-2	2,4-Dinitrotoluene	0.25	
05/12/10	05/15/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/15/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/15/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/15/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/15/10	2691-41-0	HMX	2.75	
05/12/10	05/15/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/15/10	121-82-4	RDX	0.25	U
05/12/10	05/15/10	479-45-8	Tetryl	0.25	U
05/12/10	05/17/10	78-11-5	PETN	0.25	U
05/12/10	05/14/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/14/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/14/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
05/12/10	05/14/10	121-14-2	2,4-Dinitrotoluene	5.21	
05/12/10	05/14/10	606-20-2	2,6-Dinitrotoluene	0.338	
05/12/10	05/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U

05/12/10	05/14/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	2691-41-0	HMX	0.131	J
05/12/10	05/14/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/14/10	121-82-4	RDX	0.25	U
05/12/10	05/14/10	479-45-8	Tetryl	0.25	U
05/12/10	05/14/10	55-63-0	Nitroglycerin	0.25	U
05/12/10	05/15/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/15/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/15/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
05/12/10	05/15/10	121-14-2	2,4-Dinitrotoluene	5.25	
05/12/10	05/15/10	606-20-2	2,6-Dinitrotoluene	0.36	
05/12/10	05/15/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/15/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/15/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/15/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/15/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/15/10	2691-41-0	HMX	0.103	J
05/12/10	05/15/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/15/10	121-82-4	RDX	0.25	U
05/12/10	05/15/10	479-45-8	Tetryl	0.25	U
05/12/10	05/17/10	78-11-5	PETN	0.25	U
05/12/10	05/14/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/14/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/14/10	118-96-7	2,4,6-Trinitrotoluene	1.22	
05/12/10	05/14/10	121-14-2	2,4-Dinitrotoluene	0.25	U
05/12/10	05/14/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	2691-41-0	HMX	0.634	
05/12/10	05/14/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/14/10	121-82-4	RDX	0.25	U
05/12/10	05/14/10	479-45-8	Tetryl	0.25	U
05/12/10	05/14/10	55-63-0	Nitroglycerin	0.899	
05/12/10	05/16/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/16/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/16/10	118-96-7	2,4,6-Trinitrotoluene	1.3	
05/12/10	05/16/10	121-14-2	2,4-Dinitrotoluene	0.25	U
05/12/10	05/16/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/16/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/16/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/16/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/16/10	2691-41-0	HMX	0.599	
05/12/10	05/16/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/16/10	121-82-4	RDX	0.25	U

05/12/10	05/16/10	479-45-8	Tetryl	0.25	U
05/12/10	05/17/10	78-11-5	PETN	0.25	U
05/12/10	05/14/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/14/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/14/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
05/12/10	05/14/10	121-14-2	2,4-Dinitrotoluene	0.25	U
05/12/10	05/14/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	2691-41-0	HMX	0.25	U
05/12/10	05/14/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/14/10	121-82-4	RDX	0.25	U
05/12/10	05/14/10	479-45-8	Tetryl	0.25	U
05/12/10	05/14/10	55-63-0	Nitroglycerin	0.25	U
05/12/10	05/17/10	78-11-5	PETN	0.25	U
05/12/10	05/14/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/14/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/14/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
05/12/10	05/14/10	121-14-2	2,4-Dinitrotoluene	0.25	U
05/12/10	05/14/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	2691-41-0	HMX	0.25	U
05/12/10	05/14/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/14/10	121-82-4	RDX	0.25	U
05/12/10	05/14/10	479-45-8	Tetryl	0.25	U
05/12/10	05/14/10	55-63-0	Nitroglycerin	0.25	U
05/12/10	05/17/10	78-11-5	PETN	0.25	U
05/12/10	05/14/10	99-35-4	1,3,5-Trinitrobenzene	0.25	M
05/12/10	05/14/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/14/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
05/12/10	05/14/10	121-14-2	2,4-Dinitrotoluene	0.25	U
05/12/10	05/14/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	2691-41-0	HMX	0.25	U
05/12/10	05/14/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/14/10	121-82-4	RDX	0.25	U
05/12/10	05/14/10	479-45-8	Tetryl	0.25	M
05/12/10	05/14/10	55-63-0	Nitroglycerin	0.25	U
05/12/10	05/17/10	78-11-5	PETN	0.25	U
05/12/10	05/14/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/14/10	99-65-0	1,3-Dinitrobenzene	0.25	U

05/12/10	05/14/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
05/12/10	05/14/10	121-14-2	2,4-Dinitrotoluene	0.25	U
05/12/10	05/14/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/14/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/14/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/14/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/14/10	2691-41-0	HMX	0.449	
05/12/10	05/14/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/14/10	121-82-4	RDX	0.25	U
05/12/10	05/14/10	479-45-8	Tetryl	0.25	U
05/12/10	05/14/10	55-63-0	Nitroglycerin	6.67	
05/12/10	05/16/10	99-35-4	1,3,5-Trinitrobenzene	0.25	U
05/12/10	05/16/10	99-65-0	1,3-Dinitrobenzene	0.25	U
05/12/10	05/16/10	118-96-7	2,4,6-Trinitrotoluene	0.25	U
05/12/10	05/16/10	121-14-2	2,4-Dinitrotoluene	0.25	U
05/12/10	05/16/10	606-20-2	2,6-Dinitrotoluene	0.25	U
05/12/10	05/16/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.25	U
05/12/10	05/16/10	88-72-2	2-Nitrotoluene	0.25	U
05/12/10	05/16/10	99-08-1	3-Nitrotoluene	0.25	U
05/12/10	05/16/10	99-99-0	4-Nitrotoluene	0.25	U
05/12/10	05/16/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.25	U
05/12/10	05/16/10	2691-41-0	HMX	0.398	
05/12/10	05/16/10	98-95-3	Nitrobenzene	0.25	U
05/12/10	05/16/10	121-82-4	RDX	0.25	U
05/12/10	05/16/10	479-45-8	Tetryl	0.25	U
05/12/10	05/17/10	78-11-5	PETN	0.25	U
05/11/10	05/13/10	94-75-7	2,4-D	46.8	U
05/11/10	05/13/10	94-82-6	2,4-DB	46.8	U
05/11/10	05/13/10	93-76-5	2,4,5-T	4.68	U
05/11/10	05/13/10	93-72-1	2,4,5-TP (Silvex)	3.51	U
05/11/10	05/13/10	75-99-0	Dalapon	117	U
05/11/10	05/13/10	1918-00-9	Dicamba	4.68	Q
05/11/10	05/13/10	120-36-5	Dichloroprop	46.8	U
05/11/10	05/13/10	88-85-7	Dinoseb	23.4	U
05/11/10	05/13/10	94-74-6	MCPA	4680	U
05/11/10	05/13/10	93-65-2	MCPP	4680	U
05/11/10	05/13/10	87-86-5	Pentachlorophenol	4.68	U
05/11/10	05/13/10	94-75-7	2,4-D	46.7	U
05/11/10	05/13/10	94-82-6	2,4-DB	46.7	U
05/11/10	05/13/10	93-76-5	2,4,5-T	4.67	U
05/11/10	05/13/10	93-72-1	2,4,5-TP (Silvex)	3.5	U
05/11/10	05/13/10	75-99-0	Dalapon	117	U
05/11/10	05/13/10	1918-00-9	Dicamba	4.67	Q
05/11/10	05/13/10	120-36-5	Dichloroprop	46.7	U
05/11/10	05/13/10	88-85-7	Dinoseb	23.3	U
05/11/10	05/13/10	94-74-6	MCPA	4670	U
05/11/10	05/13/10	93-65-2	MCPP	4670	U
05/11/10	05/13/10	87-86-5	Pentachlorophenol	4.67	U
05/11/10	05/13/10	94-75-7	2,4-D	44.4	U
05/11/10	05/13/10	94-82-6	2,4-DB	44.4	U

05/11/10	05/13/10	93-76-5	2,4,5-T	4.44	U
05/11/10	05/13/10	93-72-1	2,4,5-TP (Silvex)	3.33	U
05/11/10	05/13/10	75-99-0	Dalapon	111	U
05/11/10	05/13/10	1918-00-9	Dicamba	4.44	Q
05/11/10	05/13/10	120-36-5	Dichloroprop	44.4	U
05/11/10	05/13/10	88-85-7	Dinoseb	22.2	U
05/11/10	05/13/10	94-74-6	MCPA	4440	U
05/11/10	05/13/10	93-65-2	MCPP	4440	U
05/11/10	05/13/10	87-86-5	Pentachlorophenol	4.44	U
05/11/10	05/13/10	94-75-7	2,4-D	48.4	U
05/11/10	05/13/10	94-82-6	2,4-DB	48.4	U
05/11/10	05/13/10	93-76-5	2,4,5-T	4.84	U
05/11/10	05/13/10	93-72-1	2,4,5-TP (Silvex)	3.63	U
05/11/10	05/13/10	75-99-0	Dalapon	121	U
05/11/10	05/13/10	1918-00-9	Dicamba	4.84	Q
05/11/10	05/13/10	120-36-5	Dichloroprop	48.4	U
05/11/10	05/13/10	88-85-7	Dinoseb	24.2	U
05/11/10	05/13/10	94-74-6	MCPA	4840	U
05/11/10	05/13/10	93-65-2	MCPP	4840	U
05/11/10	05/13/10	87-86-5	Pentachlorophenol	4.84	U
05/11/10	05/13/10	94-75-7	2,4-D	46.7	U
05/11/10	05/13/10	94-82-6	2,4-DB	46.7	U
05/11/10	05/13/10	93-76-5	2,4,5-T	4.67	U
05/11/10	05/13/10	93-72-1	2,4,5-TP (Silvex)	3.5	U
05/11/10	05/13/10	75-99-0	Dalapon	117	U
05/11/10	05/13/10	1918-00-9	Dicamba	4.67	Q
05/11/10	05/13/10	120-36-5	Dichloroprop	46.7	U
05/11/10	05/13/10	88-85-7	Dinoseb	23.3	U
05/11/10	05/13/10	94-74-6	MCPA	4670	U
05/11/10	05/13/10	93-65-2	MCPP	4670	U
05/11/10	05/13/10	87-86-5	Pentachlorophenol	4.67	U
05/11/10	05/13/10	94-75-7	2,4-D	48.4	U
05/11/10	05/13/10	94-82-6	2,4-DB	48.4	U
05/11/10	05/13/10	93-76-5	2,4,5-T	4.84	U
05/11/10	05/13/10	93-72-1	2,4,5-TP (Silvex)	3.63	U
05/11/10	05/13/10	75-99-0	Dalapon	121	U
05/11/10	05/13/10	1918-00-9	Dicamba	4.84	Q
05/11/10	05/13/10	120-36-5	Dichloroprop	48.4	U
05/11/10	05/13/10	88-85-7	Dinoseb	24.2	U
05/11/10	05/13/10	94-74-6	MCPA	4840	U
05/11/10	05/13/10	93-65-2	MCPP	4840	U
05/11/10	05/13/10	87-86-5	Pentachlorophenol	4.84	U
05/11/10	05/13/10	94-75-7	2,4-D	44.3	U
05/11/10	05/13/10	94-82-6	2,4-DB	44.3	U
05/11/10	05/13/10	93-76-5	2,4,5-T	4.43	U
05/11/10	05/13/10	93-72-1	2,4,5-TP (Silvex)	3.32	U
05/11/10	05/13/10	75-99-0	Dalapon	111	M
05/11/10	05/13/10	1918-00-9	Dicamba	4.43	Q
05/11/10	05/13/10	120-36-5	Dichloroprop	44.3	M
05/11/10	05/13/10	88-85-7	Dinoseb	22.1	U
05/11/10	05/13/10	94-74-6	MCPA	4430	U
05/11/10	05/13/10	93-65-2	MCPP	4430	U

05/11/10	05/13/10	87-86-5	Pentachlorophenol	4.43	M
05/11/10	05/13/10	94-75-7	2,4-D	49.8	U
05/11/10	05/13/10	94-82-6	2,4-DB	49.8	U
05/11/10	05/13/10	93-76-5	2,4,5-T	4.98	U
05/11/10	05/13/10	93-72-1	2,4,5-TP (Silvex)	3.73	U
05/11/10	05/13/10	75-99-0	Dalapon	124	U
05/11/10	05/13/10	1918-00-9	Dicamba	4.98	Q
05/11/10	05/13/10	120-36-5	Dichloroprop	49.8	U
05/11/10	05/13/10	88-85-7	Dinoseb	24.9	U
05/11/10	05/13/10	94-74-6	MCPA	4980	U
05/11/10	05/13/10	93-65-2	MCPP	4980	U
05/11/10	05/13/10	87-86-5	Pentachlorophenol	4.98	U
05/13/10	05/13/10	57-12-5	Reactivity, Cyanide	10.3	U
05/13/10	05/13/10	57-12-5	Reactivity, Cyanide	10.1	U
05/13/10	05/13/10	57-12-5	Reactivity, Cyanide	10.1	U
05/13/10	05/13/10	57-12-5	Reactivity, Cyanide	9.51	U
05/13/10	05/13/10	57-12-5	Reactivity, Cyanide	10.6	U
05/13/10	05/13/10	57-12-5	Reactivity, Cyanide	10.1	U
05/13/10	05/13/10	57-12-5	Reactivity, Cyanide	10.8	U
05/13/10	05/13/10	57-12-5	Reactivity, Cyanide	10.6	U
05/14/10	05/14/10	Ignit	Ignitability	73	>
05/14/10	05/14/10	Ignit	Ignitability	70	>
05/14/10	05/14/10	Ignit	Ignitability	76	>
05/14/10	05/14/10	Ignit	Ignitability	74	>
05/14/10	05/14/10	Ignit	Ignitability	76	>
05/14/10	05/14/10	Ignit	Ignitability	81	>
05/14/10	05/14/10	Ignit	Ignitability	82	>
05/14/10	05/14/10	Ignit	Ignitability	78	>
05/14/10	05/17/10	72-54-8	4,4'-DDD	1.78	UJ
05/14/10	05/17/10	72-55-9	4,4'-DDE	1.78	UJ
05/14/10	05/17/10	50-29-3	4,4'-DDT	1.78	UJ
05/14/10	05/17/10	309-00-2	Aldrin	1.78	UJ
05/14/10	05/17/10	5103-71-9	alpha Chlordane	1.78	UJ
05/14/10	05/17/10	319-84-6	alpha-BHC	1.78	UJ
05/14/10	05/17/10	319-85-7	beta-BHC	1.78	UJ
05/14/10	05/17/10	319-86-8	delta-BHC	1.78	UJ
05/14/10	05/17/10	60-57-1	Dieldrin	1.78	UJ
05/14/10	05/17/10	959-98-8	Endosulfan I	1.78	UJ
05/14/10	05/17/10	33213-65-9	Endosulfan II	1.78	UJ
05/14/10	05/17/10	1031-07-8	Endosulfan sulfate	1.78	UJ
05/14/10	05/17/10	72-20-8	Endrin	1.78	UJ
05/14/10	05/17/10	7421-93-4	Endrin aldehyde	1.78	UJ
05/14/10	05/17/10	53494-70-5	Endrin ketone	1.78	UJ
05/14/10	05/17/10	5103-74-2	gamma Chlordane	1.78	UJ
05/14/10	05/17/10	58-89-9	gamma-BHC (Lindane)	1.78	UJ
05/14/10	05/17/10	76-44-8	Heptachlor	1.78	UJ
05/14/10	05/17/10	1024-57-3	Heptachlor epoxide	1.78	UJ
05/14/10	05/17/10	72-43-5	Methoxychlor	1.78	UJ
05/14/10	05/17/10	8001-35-2	Toxaphene	35.7	UJ
05/14/10	05/17/10	50-29-3	4,4'-DDT	1.77	J
05/14/10	05/17/10	72-54-8	4,4'-DDD	1.81	UJ
05/14/10	05/17/10	72-55-9	4,4'-DDE	1.81	UJ

05/14/10	05/17/10	50-29-3	4,4'-DDT	4.04	J
05/14/10	05/17/10	309-00-2	Aldrin	1.81	UJ
05/14/10	05/17/10	5103-71-9	alpha Chlordane	0.836	J
05/14/10	05/17/10	319-84-6	alpha-BHC	1.81	UJ
05/14/10	05/17/10	319-85-7	beta-BHC	1.81	UJ
05/14/10	05/17/10	319-86-8	delta-BHC	1.81	UJ
05/14/10	05/17/10	60-57-1	Dieldrin	1.81	UJ
05/14/10	05/17/10	959-98-8	Endosulfan I	1.81	UJ
05/14/10	05/17/10	33213-65-9	Endosulfan II	1.81	UJ
05/14/10	05/17/10	1031-07-8	Endosulfan sulfate	1.81	UJ
05/14/10	05/17/10	72-20-8	Endrin	1.81	UJ
05/14/10	05/17/10	7421-93-4	Endrin aldehyde	1.81	UJ
05/14/10	05/17/10	53494-70-5	Endrin ketone	1.81	UJ
05/14/10	05/17/10	5103-74-2	gamma Chlordane	1.7	J
05/14/10	05/17/10	58-89-9	gamma-BHC (Lindane)	1.81	UJ
05/14/10	05/17/10	76-44-8	Heptachlor	1.81	UJ
05/14/10	05/17/10	1024-57-3	Heptachlor epoxide	1.81	UJ
05/14/10	05/17/10	72-43-5	Methoxychlor	1.81	UJ
05/14/10	05/17/10	8001-35-2	Toxaphene	36.2	UJ
05/14/10	05/17/10	72-54-8	4,4'-DDD	1.87	UJ
05/14/10	05/17/10	72-55-9	4,4'-DDE	1.87	UJ
05/14/10	05/17/10	50-29-3	4,4'-DDT	1.87	UJ
05/14/10	05/17/10	309-00-2	Aldrin	1.87	UJ
05/14/10	05/17/10	5103-71-9	alpha Chlordane	1.87	UJ
05/14/10	05/17/10	319-84-6	alpha-BHC	1.87	UJ
05/14/10	05/17/10	319-85-7	beta-BHC	1.87	UJ
05/14/10	05/17/10	319-86-8	delta-BHC	1.87	UJ
05/14/10	05/17/10	60-57-1	Dieldrin	1.87	UJ
05/14/10	05/17/10	959-98-8	Endosulfan I	1.87	UJ
05/14/10	05/17/10	33213-65-9	Endosulfan II	1.87	UJ
05/14/10	05/17/10	1031-07-8	Endosulfan sulfate	1.87	UJ
05/14/10	05/17/10	72-20-8	Endrin	1.87	UJ
05/14/10	05/17/10	7421-93-4	Endrin aldehyde	1.87	UJ
05/14/10	05/17/10	53494-70-5	Endrin ketone	1.87	UJ
05/14/10	05/17/10	5103-74-2	gamma Chlordane	1.87	UJ
05/14/10	05/17/10	58-89-9	gamma-BHC (Lindane)	1.87	UJ
05/14/10	05/17/10	76-44-8	Heptachlor	1.87	UJ
05/14/10	05/17/10	1024-57-3	Heptachlor epoxide	1.87	UJ
05/14/10	05/17/10	72-43-5	Methoxychlor	1.87	UJ
05/14/10	05/17/10	8001-35-2	Toxaphene	37.3	UJ
05/14/10	05/17/10	72-54-8	4,4'-DDD	1.86	UJ
05/14/10	05/17/10	72-55-9	4,4'-DDE	1.86	UJ
05/14/10	05/17/10	50-29-3	4,4'-DDT	1.86	UJ
05/14/10	05/17/10	309-00-2	Aldrin	1.86	UJ
05/14/10	05/17/10	5103-71-9	alpha Chlordane	1.86	UJ
05/14/10	05/17/10	319-84-6	alpha-BHC	1.86	UJ
05/14/10	05/17/10	319-85-7	beta-BHC	1.86	UJ
05/14/10	05/17/10	319-86-8	delta-BHC	1.86	UJ
05/14/10	05/17/10	60-57-1	Dieldrin	1.86	UJ
05/14/10	05/17/10	959-98-8	Endosulfan I	1.86	UJ
05/14/10	05/17/10	33213-65-9	Endosulfan II	1.86	UJ
05/14/10	05/17/10	1031-07-8	Endosulfan sulfate	1.86	UJ

05/14/10	05/17/10	72-20-8	Endrin	1.86	UJ
05/14/10	05/17/10	7421-93-4	Endrin aldehyde	1.86	UJ
05/14/10	05/17/10	53494-70-5	Endrin ketone	1.86	UJ
05/14/10	05/17/10	5103-74-2	gamma Chlordane	1.86	UJ
05/14/10	05/17/10	58-89-9	gamma-BHC (Lindane)	1.86	UJ
05/14/10	05/17/10	76-44-8	Heptachlor	1.86	UJ
05/14/10	05/17/10	1024-57-3	Heptachlor epoxide	1.86	UJ
05/14/10	05/17/10	72-43-5	Methoxychlor	1.86	UJ
05/14/10	05/17/10	8001-35-2	Toxaphene	37.3	UJ
05/14/10	05/17/10	72-54-8	4,4'-DDD	1.95	UJ
05/14/10	05/17/10	72-55-9	4,4'-DDE	1.95	UJ
05/14/10	05/17/10	50-29-3	4,4'-DDT	1.95	UJ
05/14/10	05/17/10	309-00-2	Aldrin	1.95	UJ
05/14/10	05/17/10	5103-71-9	alpha Chlordane	1.95	UJ
05/14/10	05/17/10	319-84-6	alpha-BHC	1.95	UJ
05/14/10	05/17/10	319-85-7	beta-BHC	1.95	UJ
05/14/10	05/17/10	319-86-8	delta-BHC	1.95	UJ
05/14/10	05/17/10	60-57-1	Dieldrin	1.95	UJ
05/14/10	05/17/10	959-98-8	Endosulfan I	1.95	UJ
05/14/10	05/17/10	33213-65-9	Endosulfan II	1.95	UJ
05/14/10	05/17/10	1031-07-8	Endosulfan sulfate	1.95	UJ
05/14/10	05/17/10	72-20-8	Endrin	1.95	UJ
05/14/10	05/17/10	7421-93-4	Endrin aldehyde	1.95	UJ
05/14/10	05/17/10	53494-70-5	Endrin ketone	1.95	UJ
05/14/10	05/17/10	5103-74-2	gamma Chlordane	1.95	UJ
05/14/10	05/17/10	58-89-9	gamma-BHC (Lindane)	1.95	UJ
05/14/10	05/17/10	76-44-8	Heptachlor	1.95	UJ
05/14/10	05/17/10	1024-57-3	Heptachlor epoxide	1.95	UJ
05/14/10	05/17/10	72-43-5	Methoxychlor	1.95	UJ
05/14/10	05/17/10	8001-35-2	Toxaphene	39	UJ
05/14/10	05/17/10	72-54-8	4,4'-DDD	1.86	UJ
05/14/10	05/17/10	72-55-9	4,4'-DDE	1.86	UJ
05/14/10	05/17/10	50-29-3	4,4'-DDT	1.86	UJ
05/14/10	05/17/10	309-00-2	Aldrin	1.86	UJ
05/14/10	05/17/10	5103-71-9	alpha Chlordane	1.86	UJ
05/14/10	05/17/10	319-84-6	alpha-BHC	1.86	UJ
05/14/10	05/17/10	319-85-7	beta-BHC	1.86	UJ
05/14/10	05/17/10	319-86-8	delta-BHC	1.86	UJ
05/14/10	05/17/10	60-57-1	Dieldrin	1.86	UJ
05/14/10	05/17/10	959-98-8	Endosulfan I	1.86	UJ
05/14/10	05/17/10	33213-65-9	Endosulfan II	1.86	UJ
05/14/10	05/17/10	1031-07-8	Endosulfan sulfate	1.86	UJ
05/14/10	05/17/10	72-20-8	Endrin	1.86	UJ
05/14/10	05/17/10	7421-93-4	Endrin aldehyde	1.86	UJ
05/14/10	05/17/10	53494-70-5	Endrin ketone	1.86	UJ
05/14/10	05/17/10	5103-74-2	gamma Chlordane	1.86	UJ
05/14/10	05/17/10	58-89-9	gamma-BHC (Lindane)	1.86	UJ
05/14/10	05/17/10	76-44-8	Heptachlor	1.86	UJ
05/14/10	05/17/10	1024-57-3	Heptachlor epoxide	1.86	UJ
05/14/10	05/17/10	72-43-5	Methoxychlor	1.86	UJ
05/14/10	05/17/10	8001-35-2	Toxaphene	37.1	UJ
05/11/10	05/13/10	94-75-7	2,4-D	49.8	U

05/11/10	05/13/10	94-82-6	2,4-DB	49.8	U
05/11/10	05/13/10	93-76-5	2,4,5-T	4.98	U
05/11/10	05/13/10	93-72-1	2,4,5-TP (Silvex)	3.73	U
05/11/10	05/13/10	75-99-0	Dalapon	124	U
05/11/10	05/13/10	1918-00-9	Dicamba	4.98	UQ
05/11/10	05/13/10	120-36-5	Dichloroprop	49.8	U
05/11/10	05/13/10	88-85-7	Dinoseb	24.9	U
05/11/10	05/13/10	94-74-6	MCPA	4980	U
05/11/10	05/13/10	93-65-2	MCPP	4980	U
05/11/10	05/13/10	87-86-5	Pentachlorophenol	4.98	U
09/27/10	10/16/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	4.61	U
09/27/10	10/16/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	4.61	U
09/27/10	10/16/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	4.61	U
09/27/10	10/16/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	1.22	JK
09/27/10	10/16/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	0.203	JK
09/27/10	10/16/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	4.61	U
09/27/10	10/16/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	4.61	U
09/27/10	10/16/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	4.61	U
09/27/10	10/16/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	4.61	U
09/27/10	10/16/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	4.61	U
09/27/10	10/16/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	4.61	U
09/27/10	10/16/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	4.61	U
09/27/10	10/16/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	4.61	U
09/27/10	10/16/10	41903-57-5	Total Tetrachlorodibenzo-p-dioxin	0.922	U
09/27/10	10/16/10	30402-14-3	Total Tetrachlorodibenzofuran	0.426	J
09/27/10	10/16/10	36088-22-9	Total Pentachlorodibenzo-p-dioxir	4.61	U
09/27/10	10/16/10	30402-15-4	Total Pentachlorodibenzofuran	4.61	U
09/27/10	10/16/10	37871-00-4	Total Heptachlorodibenzo-p-dioxir	2.36	J
09/27/10	10/16/10	38998-75-3	Total Heptachlorodibenzofuran	0.347	J
09/27/10	10/16/10	34465-46-8	Total Hexachlorodibenzo-p-dioxin	1.01	J
09/27/10	10/16/10	55684-94-1	Total Hexachlorodibenzofuran	4.61	U
09/27/10	10/16/10	3268-87-9	3,4,6,7,8,9-Octachlorodibenzo-p-d	40.4	
09/27/10	10/16/10	39001-02-0	1,3,4,6,7,8,9-Octachlorodibenzofu	0.673	J
09/27/10	10/16/10	1746-01-6	1,3,7,8-Tetrachlorodibenzo-p-dioxi	0.922	U
09/27/10	10/16/10	51207-31-9	2,3,7,8-Tetrachlorodibenzofuran	0.426	J
09/27/10	10/16/10	TEQ	TEQ WHO2005 ND=0	0.0549	
09/27/10	10/16/10	TEQ	TEQ WHO2005 ND=0.5	0.297	
05/09/10	05/19/10	40321-76-4	2,3,7,8-Pentachlorodibenzo-p-dio:	0.461	JK
05/09/10	05/19/10	57117-41-6	1,2,3,7,8-Pentachlorodibenzofur	0.226	J
05/09/10	05/19/10	57117-31-4	2,3,4,7,8-Pentachlorodibenzofur	0.474	JK
05/09/10	05/19/10	35822-46-9	3,4,6,7,8-Heptachlorodibenzo-p-d	73.5	
05/09/10	05/19/10	67562-39-4	2,3,4,6,7,8-Heptachlorodibenzofur	10.1	
05/09/10	05/19/10	55673-89-7	2,3,4,7,8,9-Heptachlorodibenzofur	0.719	J
05/09/10	05/19/10	39227-28-6	1,3,4,7,8-Hexachlorodibenzo-p-dic	0.632	J
05/09/10	05/19/10	70648-26-9	2,3,4,7,8-Hexachlorodibenzofura	1.40	J
05/09/10	05/19/10	57653-85-7	1,3,6,7,8-Hexachlorodibenzo-p-dic	2.07	J
05/09/10	05/19/10	57117-44-9	2,3,6,7,8-Hexachlorodibenzofura	0.444	J
05/09/10	05/19/10	19408-74-3	1,3,7,8,9-Hexachlorodibenzo-p-dic	1.48	J
05/09/10	05/19/10	72918-21-9	2,3,7,8,9-Hexachlorodibenzofura	4.70	U
05/09/10	05/19/10	60851-34-5	3,4,6,7,8-Hexachlorodibenzofura	0.491	J

05/09/10	05/19/10	41903-57-5 Total Tetrachlorodibenzo-p-dioxin	0.941	U
05/09/10	05/19/10	30402-14-3 Total Tetrachlorodibenzofuran	6.61	
05/09/10	05/19/10	36088-22-9 Total Pentachlorodibenzo-p-dioxin	0.796	J
05/09/10	05/19/10	30402-15-4 Total Pentachlorodibenzofuran	20.0	
05/09/10	05/19/10	37871-00-4 Total Heptachlorodibenzo-p-dioxin	136	
05/09/10	05/19/10	38998-75-3 Total Heptachlorodibenzofuran	55.5	
05/09/10	05/19/10	34465-46-8 Total Hexachlorodibenzo-p-dioxin	12.9	
05/09/10	05/19/10	55684-94-1 Total Hexachlorodibenzofuran	20.2	
05/09/10	05/19/10	3268-87-9 2,3,4,6,7,8,9-Octachlorodibenzo-p-d	4390	E
05/09/10	05/19/10	39001-02-0 2,3,4,6,7,8,9-Octachlorodibenzofu	43.5	
05/09/10	05/19/10	1746-01-6 2,3,7,8-Tetrachlorodibenzo-p-dioxin	0.941	U
05/09/10	05/19/10	51207-31-9 2,3,7,8-Tetrachlorodibenzofuran	0.941	
05/09/10	05/19/10	TEQ TEQ WHO2005 ND=0	2.93	
05/09/10	05/19/10	TEQ TEQ WHO2005 ND=0.5	3.07	
08/16/10	08/16/10	7439-92-1 Lead, Total	12.1	
08/16/10	08/16/10	7439-92-1 Lead, Total	11.1	
08/16/10	08/16/10	7439-92-1 Lead, Total	10.9	
08/16/10	08/16/10	7439-92-1 Lead, Total	11.1	
08/16/10	08/16/10	7439-92-1 Lead, Total	10.8	
08/16/10	08/16/10	7439-92-1 Lead, Total	11.9	
08/16/10	08/16/10	7439-92-1 Lead, Total	15.0	
08/16/10	08/16/10	7439-92-1 Lead, Total	9.62	
08/16/10	08/16/10	7439-92-1 Lead, Total	15.7	
08/16/10	08/16/10	7439-92-1 Lead, Total	14.1	
08/16/10	08/16/10	7439-92-1 Lead, Total	22.1	
08/16/10	08/16/10	7439-92-1 Lead, Total	10.4	
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0196	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0187	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0189	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0175	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0189	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0194	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0185	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0212	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0188	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0186	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0195	U
08/16/10	08/17/10	11097-69-1 Aroclor-1254	0.0188	U
08/16/10	08/17/10	1024-57-3 Heptachlor epoxide	1.96	UJ
08/16/10	08/17/10	60-57-1 Dieldrin	3.92	UJ
08/16/10	08/17/10	1024-57-3 Heptachlor epoxide	1.87	UJ
08/16/10	08/17/10	60-57-1 Dieldrin	3.74	UJ
08/16/10	08/17/10	1024-57-3 Heptachlor epoxide	1.89	UJ
08/16/10	08/17/10	60-57-1 Dieldrin	3.78	UJ
08/16/10	08/17/10	1024-57-3 Heptachlor epoxide	1.75	UJ
08/16/10	08/17/10	60-57-1 Dieldrin	3.50	UJ
08/16/10	08/17/10	1024-57-3 Heptachlor epoxide	1.89	UJ
08/16/10	08/17/10	60-57-1 Dieldrin	3.78	UJ
08/16/10	08/17/10	1024-57-3 Heptachlor epoxide	1.94	UJ
08/16/10	08/17/10	60-57-1 Dieldrin	3.89	UJ
08/16/10	08/17/10	1024-57-3 Heptachlor epoxide	1.85	UJ
08/16/10	08/17/10	60-57-1 Dieldrin	3.70	UJ

08/16/10	08/18/10	1024-57-3	Heptachlor epoxide	2.12	UJ
08/16/10	08/18/10	60-57-1	Dieldrin	4.24	UJ
08/16/10	08/18/10	1024-57-3	Heptachlor epoxide	1.88	UJ
08/16/10	08/18/10	60-57-1	Dieldrin	3.76	UJ
08/16/10	08/18/10	1024-57-3	Heptachlor epoxide	1.86	UJ
08/16/10	08/18/10	60-57-1	Dieldrin	3.72	UJ
08/16/10	08/18/10	1024-57-3	Heptachlor epoxide	1.95	UJ
08/16/10	08/18/10	60-57-1	Dieldrin	3.89	UJ
08/16/10	08/18/10	1024-57-3	Heptachlor epoxide	1.88	UJ
08/16/10	08/18/10	60-57-1	Dieldrin	3.76	UJ
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.248	U
08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.248	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.248	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
08/16/10	08/18/10	121-82-4	RDX	0.248	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.248	U
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.245	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.245	U
08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.245	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.245	U
08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.245	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.245	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.245	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.245	U
08/16/10	08/18/10	121-82-4	RDX	0.245	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.245	U
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.247	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.247	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/16/10	08/18/10	121-82-4	RDX	0.247	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.247	U
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.250	U
08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.250	U
08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.250	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.250	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/16/10	08/18/10	121-82-4	RDX	0.250	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.250	U
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.249	U

08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.249	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.249	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/16/10	08/18/10	121-82-4	RDX	0.249	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.249	U
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.249	U
08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.249	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.249	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/16/10	08/18/10	121-82-4	RDX	0.249	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.249	U
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.251	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.251	U
08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.251	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.251	U
08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.251	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.251	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.251	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.251	U
08/16/10	08/18/10	121-82-4	RDX	0.251	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.251	U
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.248	U
08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.248	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.248	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
08/16/10	08/18/10	121-82-4	RDX	0.248	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.248	U
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.252	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.252	U
08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.252	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.252	U
08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.252	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.252	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.252	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.252	U
08/16/10	08/18/10	121-82-4	RDX	0.252	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.252	U
08/16/10	08/18/10	99-65-0	1,3-Dinitrobenzene	0.246	U
08/16/10	08/18/10	121-14-2	2,4-Dinitrotoluene	0.246	U
08/16/10	08/18/10	606-20-2	2,6-Dinitrotoluene	0.246	U
08/16/10	08/18/10	118-96-7	2,4,6-Trinitrotoluene	0.246	U

08/16/10	08/18/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.246	U
08/16/10	08/18/10	88-72-2	2-Nitrotoluene	0.246	U
08/16/10	08/18/10	99-99-0	4-Nitrotoluene	0.246	U
08/16/10	08/18/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.246	U
08/16/10	08/18/10	121-82-4	RDX	0.246	U
08/16/10	08/18/10	55-63-0	Nitroglycerin	0.246	U
08/16/10	08/19/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/16/10	08/19/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/16/10	08/19/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/16/10	08/19/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
08/16/10	08/19/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/16/10	08/19/10	88-72-2	2-Nitrotoluene	0.247	U
08/16/10	08/19/10	99-99-0	4-Nitrotoluene	0.247	U
08/16/10	08/19/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/16/10	08/19/10	121-82-4	RDX	0.247	U
08/16/10	08/19/10	55-63-0	Nitroglycerin	0.247	U
08/16/10	08/19/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/16/10	08/19/10	121-14-2	2,4-Dinitrotoluene	0.248	U
08/16/10	08/19/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/16/10	08/19/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
08/16/10	08/19/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
08/16/10	08/19/10	88-72-2	2-Nitrotoluene	0.248	U
08/16/10	08/19/10	99-99-0	4-Nitrotoluene	0.248	U
08/16/10	08/19/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
08/16/10	08/19/10	121-82-4	RDX	0.248	U
08/16/10	08/19/10	55-63-0	Nitroglycerin	0.248	U
08/19/10	08/20/10	1024-57-3	Heptachlor epoxide	1.91	UJ
08/19/10	08/20/10	60-57-1	Dieldrin	3.83	UJ
08/19/10	08/20/10	1024-57-3	Heptachlor epoxide	1.89	UJ
08/19/10	08/20/10	60-57-1	Dieldrin	3.77	UJ
08/02/10	08/02/10	7439-92-1	Lead, Total	920	
08/02/10	08/02/10	7439-92-1	Lead, Total	11.5	
08/02/10	08/02/10	7439-92-1	Lead, Total	203	
08/02/10	08/02/10	7439-92-1	Lead, Total	22.8	
08/02/10	08/02/10	7439-92-1	Lead, Total	334	
08/02/10	08/02/10	7439-92-1	Lead, Total	11.8	
08/02/10	08/02/10	7439-92-1	Lead, Total	126	
08/02/10	08/02/10	7439-92-1	Lead, Total	21.9	
08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.81	UM
08/03/10	08/04/10	60-57-1	Dieldrin	3.62	U
08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.73	UJ
08/03/10	08/04/10	60-57-1	Dieldrin	3.47	UJ
08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.90	UJ
08/03/10	08/04/10	60-57-1	Dieldrin	3.80	UJ
08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.79	UJ
08/03/10	08/04/10	60-57-1	Dieldrin	3.58	UJ
08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.79	U
08/03/10	08/04/10	60-57-1	Dieldrin	3.58	U
08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.76	UJ
08/03/10	08/04/10	60-57-1	Dieldrin	3.52	UJ
08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.91	UJ
08/03/10	08/04/10	60-57-1	Dieldrin	3.83	UJ

08/03/10	08/04/10	1024-57-3	Heptachlor epoxide	1.77	UJ
08/03/10	08/04/10	60-57-1	Dieldrin	3.54	UJ
08/03/10	08/04/10	11097-69-1	Aroclor-1254	0.0172	J
08/03/10	08/13/10	11097-69-1	Aroclor-1254	0.0376	
08/03/10	08/04/10	11097-69-1	Aroclor-1254	0.0179	U
08/03/10	08/04/10	11097-69-1	Aroclor-1254	0.0292	
08/03/10	08/13/10	11097-69-1	Aroclor-1254	0.0576	
08/03/10	08/04/10	11097-69-1	Aroclor-1254	0.0177	U
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.302	J
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.210	J
08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	2.96	J
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.348	
08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.250	UJ
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.250	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.530	
08/03/10	08/06/10	121-82-4	RDX	0.156	J
08/03/10	08/06/10	55-63-0	Nitroglycerin	14.3	J
08/03/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/03/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.307	
08/03/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.184	J
08/03/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	2.88	
08/03/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.290	
08/03/10	08/10/10	88-72-2	2-Nitrotoluene	0.250	U
08/03/10	08/10/10	99-99-0	4-Nitrotoluene	0.250	U
08/03/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.402	
08/03/10	08/10/10	121-82-4	RDX	0.130	J
08/03/10	08/11/10	55-63-0	Nitroglycerin	13.6	
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.248	U
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	0.295	
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.248	U
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.248	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
08/03/10	08/06/10	121-82-4	RDX	0.248	U
08/03/10	08/06/10	55-63-0	Nitroglycerin	0.248	U
08/03/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/03/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.248	U
08/03/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/03/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.305	
08/03/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
08/03/10	08/10/10	88-72-2	2-Nitrotoluene	0.248	U
08/03/10	08/10/10	99-99-0	4-Nitrotoluene	0.248	U
08/03/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
08/03/10	08/10/10	121-82-4	RDX	0.248	U
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.148	J
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	0.197	J
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U

08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.250	U
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.250	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/03/10	08/06/10	121-82-4	RDX	0.250	U
08/03/10	08/06/10	55-63-0	Nitroglycerin	0.250	U
08/03/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.250	U
08/03/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.166	J
08/03/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.250	U
08/03/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.208	J
08/03/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.250	U
08/03/10	08/10/10	88-72-2	2-Nitrotoluene	0.250	U
08/03/10	08/10/10	99-99-0	4-Nitrotoluene	0.250	U
08/03/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.250	U
08/03/10	08/10/10	121-82-4	RDX	0.250	U
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.247	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.247	U
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.247	U
08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	0.247	U
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.247	U
08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.247	U
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.247	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.247	U
08/03/10	08/06/10	121-82-4	RDX	0.247	U
08/03/10	08/06/10	55-63-0	Nitroglycerin	0.247	U
08/03/10	08/06/10	99-65-0	1,3-Dinitrobenzene	0.245	U
08/03/10	08/06/10	121-14-2	2,4-Dinitrotoluene	0.556	
08/03/10	08/06/10	606-20-2	2,6-Dinitrotoluene	0.165	J
08/03/10	08/06/10	118-96-7	2,4,6-Trinitrotoluene	1.72	
08/03/10	08/06/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.374	
08/03/10	08/06/10	88-72-2	2-Nitrotoluene	0.245	U
08/03/10	08/06/10	99-99-0	4-Nitrotoluene	0.245	U
08/03/10	08/06/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.543	
08/03/10	08/06/10	121-82-4	RDX	0.245	U
08/03/10	08/06/10	55-63-0	Nitroglycerin	9.68	
08/03/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.245	U
08/03/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.596	
08/03/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.223	J
08/03/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	1.68	
08/03/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.398	
08/03/10	08/10/10	88-72-2	2-Nitrotoluene	0.245	U
08/03/10	08/10/10	99-99-0	4-Nitrotoluene	0.245	U
08/03/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.463	
08/03/10	08/10/10	121-82-4	RDX	0.245	U
08/03/10	08/07/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/03/10	08/07/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/03/10	08/07/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/03/10	08/07/10	118-96-7	2,4,6-Trinitrotoluene	0.247	J
08/03/10	08/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/03/10	08/07/10	88-72-2	2-Nitrotoluene	0.249	U
08/03/10	08/07/10	99-99-0	4-Nitrotoluene	0.249	U
08/03/10	08/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/03/10	08/07/10	121-82-4	RDX	0.249	U

08/03/10	08/07/10	55-63-0	Nitroglycerin	0.249	U
08/03/10	08/10/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/03/10	08/10/10	121-14-2	2,4-Dinitrotoluene	0.249	U
08/03/10	08/10/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/03/10	08/10/10	118-96-7	2,4,6-Trinitrotoluene	0.271	
08/03/10	08/10/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/03/10	08/10/10	88-72-2	2-Nitrotoluene	0.249	U
08/03/10	08/10/10	99-99-0	4-Nitrotoluene	0.249	U
08/03/10	08/10/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/03/10	08/10/10	121-82-4	RDX	0.249	U
08/03/10	08/07/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/03/10	08/07/10	121-14-2	2,4-Dinitrotoluene	0.124	J
08/03/10	08/07/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/03/10	08/07/10	118-96-7	2,4,6-Trinitrotoluene	0.165	J
08/03/10	08/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/03/10	08/07/10	88-72-2	2-Nitrotoluene	0.249	U
08/03/10	08/07/10	99-99-0	4-Nitrotoluene	0.249	U
08/03/10	08/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/03/10	08/07/10	121-82-4	RDX	0.249	U
08/03/10	08/07/10	55-63-0	Nitroglycerin	0.249	U
08/03/10	08/11/10	99-65-0	1,3-Dinitrobenzene	0.249	U
08/03/10	08/11/10	121-14-2	2,4-Dinitrotoluene	0.148	J
08/03/10	08/11/10	606-20-2	2,6-Dinitrotoluene	0.249	U
08/03/10	08/11/10	118-96-7	2,4,6-Trinitrotoluene	0.147	J
08/03/10	08/11/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.249	U
08/03/10	08/11/10	88-72-2	2-Nitrotoluene	0.249	U
08/03/10	08/11/10	99-99-0	4-Nitrotoluene	0.249	U
08/03/10	08/11/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.249	U
08/03/10	08/11/10	121-82-4	RDX	0.249	U
08/03/10	08/07/10	99-65-0	1,3-Dinitrobenzene	0.248	U
08/03/10	08/07/10	121-14-2	2,4-Dinitrotoluene	0.248	U
08/03/10	08/07/10	606-20-2	2,6-Dinitrotoluene	0.248	U
08/03/10	08/07/10	118-96-7	2,4,6-Trinitrotoluene	0.248	U
08/03/10	08/07/10	35572-78-2	2-Amino-4,6-dinitrotoluene	0.248	U
08/03/10	08/07/10	88-72-2	2-Nitrotoluene	0.248	U
08/03/10	08/07/10	99-99-0	4-Nitrotoluene	0.248	U
08/03/10	08/07/10	19406-51-0	4-Amino-2,6-dinitrotoluene	0.248	U
08/03/10	08/07/10	121-82-4	RDX	0.248	U
08/03/10	08/07/10	55-63-0	Nitroglycerin	0.248	U

[illegible]

>	Degrees C	1	NA	NA
QNS	Degrees C	1	NA	NA
>	Degrees C	1	NA	NA
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	0.385	1.93
UJ	ug/kg	1	19.5	38.5
*	% Recovery	1	NA	NA
	% Recovery	1	NA	NA
J	ug/kg	1	0.385	1.93
*	% Recovery	1	NA	NA
	% Recovery	1	NA	NA
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	0.377	1.89
UJ	ug/kg	1	19.1	37.7
*	% Recovery	1	NA	NA
*	% Recovery	1	NA	NA
UJ	ug/kg	1	0.373	1.86

UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	0.373	1.86
UJ	ug/kg	1	18.9	37.3
*	% Recovery	1	NA	NA
*	% Recovery	1	NA	NA
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
UJ	ug/kg	1	0.378	1.89
J	ug/kg	1	0.378	1.89
J	ug/kg	1	0.378	1.89
UJ	ug/kg	1	19.1	37.8
*	% Recovery	1	NA	NA
*	% Recovery	1	NA	NA
J	ug/kg	1	0.378	1.89
J	ug/kg	1	0.378	1.89
*	% Recovery	1	NA	NA
*	% Recovery	1	NA	NA
UJ	ug/kg	1	0.387	1.94
UJ	ug/kg	1	0.387	1.94
UJ	ug/kg	1	0.387	1.94

[illegible]

[illegible]

[illegible]

[illegible]

UJ	ug/kg	1	0.383	1.92
J	ug/kg	1	0.383	1.92
UJ	ug/kg	1	0.383	1.92
UJ	ug/kg	1	19.4	38.3
*	% Recovery	1	NA	NA
	% Recovery	1	NA	NA
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	0.371	1.86
UJ	ug/kg	1	18.8	37.1
*	% Recovery	1	NA	NA
	% Recovery	1	NA	NA
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	0.393	1.96
UJ	ug/kg	1	19.9	39.3
*	% Recovery	1	NA	NA
	% Recovery	1	NA	NA
J	ug/kg	1	0.393	1.96
J	ug/kg	1	0.393	1.96

* % Recovery	1	NA	NA
% Recovery	1	NA	NA
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
UJ ug/kg	1	0.377	1.88
J ug/kg	1	0.377	1.88
UJ ug/kg	1	19.1	37.7
* % Recovery	1	NA	NA
% Recovery	1	NA	NA
J ug/kg	1	0.377	1.88
% Recovery	1	NA	NA
% Recovery	1	NA	NA
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	0.407	2.03
UJ ug/kg	1	20.6	40.7
* % Recovery	1	NA	NA
% Recovery	1	NA	NA
U ug/kg	1	0.392	1.96
U ug/kg	1	0.392	1.96

[illegible]

U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	mg/kg	1	50	100
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
U	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
U	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
U	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10

U	ug/L	1	0.025	0.20
	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
J	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
J	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
	ug/L	10	1.0	10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
U	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
U	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
J	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80

U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
U	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
U	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
J	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
	ug/L	20	2.0	20
U	ug/L	1	0.10	1.0
	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.10
U	ug/L	1	0.025	0.20
	ug/L	1	0.10	1.0
U	ug/L	1	0.40	0.80
U	ug/L	1	0.050	0.10
UJ	ug/kg	1	23.3	46.6
UJ	ug/kg	1	23.3	46.6
UJ	ug/kg	1	2.33	4.66
UJ	ug/kg	1	1.75	3.49
UJ	ug/kg	1	58.2	116
Q	ug/kg	1	2.33	4.66
Q	ug/kg	1	23.3	46.6
UJ	ug/kg	1	11.6	23.3
UJ	ug/kg	1	2330	4660
UJ	ug/kg	1	2330	4660
UJ	ug/kg	1	2.33	4.66
*	% Recovery	1	NA	NA
J	ug/kg	1	2.33	4.67
*	% Recovery	1	NA	NA
UJ	ug/kg	1	23.3	46.7
UJ	ug/kg	1	23.3	46.7

UJ	ug/kg	1	1.75	3.5
UJ	ug/kg	1	58.4	117
Q	ug/kg	1	2.33	4.67
Q	ug/kg	1	23.3	46.7
UJ	ug/kg	1	11.7	23.3
UJ	ug/kg	1	2330	4670
UJ	ug/kg	1	2330	4670
UJ	ug/kg	1	2.33	4.67
*	% Recovery	1	NA	NA
UJ	ug/kg	1	22.6	45.2
UJ	ug/kg	1	22.6	45.2
UJ	ug/kg	1	2.26	4.52
UJ	ug/kg	1	1.69	3.39
UJ	ug/kg	1	56.4	113
Q	ug/kg	1	2.26	4.52
Q	ug/kg	1	22.6	45.2
UJ	ug/kg	1	11.3	22.6
UJ	ug/kg	1	2260	4520
UJ	ug/kg	1	2260	4520
UJ	ug/kg	1	2.26	4.52
*	% Recovery	1	NA	NA
UJ	ug/kg	1	23.4	46.8
UJ	ug/kg	1	23.4	46.8
UJ	ug/kg	1	2.34	4.68
UJ	ug/kg	1	1.76	3.51
UJ	ug/kg	1	58.5	117
Q	ug/kg	1	2.34	4.68
Q	ug/kg	1	23.4	46.8
UJ	ug/kg	1	11.7	23.4
UJ	ug/kg	1	2340	4680
UJ	ug/kg	1	2340	4680
UJ	ug/kg	1	2.34	4.68
*	% Recovery	1	NA	NA
	ug/kg	1	2.37	4.74
	ug/kg	1	2.37	4.74
	% Recovery	1	NA	NA
U	ug/kg	1	23.7	47.4
U	ug/kg	1	23.7	47.4
U	ug/kg	1	1.78	3.55
U	ug/kg	1	59.2	118
Q	ug/kg	1	2.37	4.74
Q	ug/kg	1	23.7	47.4
UJ	ug/kg	1	11.8	23.7
U	ug/kg	1	2370	4740
U	ug/kg	1	2370	4740
	% Recovery	1	NA	NA
J	ug/kg	1	2.36	4.71
J	ug/kg	1	2.36	4.71
*	% Recovery	1	NA	NA
UJ	ug/kg	1	23.6	47.1
UJ	ug/kg	1	23.6	47.1
UJ	ug/kg	1	1.77	3.53

UJ	ug/kg	1	58.9	118
Q	ug/kg	1	2.36	4.71
Q	ug/kg	1	23.6	47.1
UJ	ug/kg	1	11.8	23.6
UJ	ug/kg	1	2360	4710
UJ	ug/kg	1	2360	4710
*	% Recovery	1	NA	NA
UJ	ug/kg	1	22.7	45.4
UJ	ug/kg	1	22.7	45.4
UJ	ug/kg	1	2.27	4.54
UJ	ug/kg	1	1.7	3.41
UJ	ug/kg	1	56.8	114
Q	ug/kg	1	2.27	4.54
Q	ug/kg	1	22.7	45.4
UJ	ug/kg	1	11.4	22.7
UJ	ug/kg	1	2270	4540
UJ	ug/kg	1	2270	4540
UJ	ug/kg	1	2.27	4.54
*	% Recovery	1	NA	NA
P	ug/kg	1	2.33	4.66
	ug/kg	1	2.33	4.66
*	% Recovery	1	NA	NA
U	ug/kg	1	23.3	46.6
U	ug/kg	1	23.3	46.6
J	ug/kg	1	2.33	4.66
U	ug/kg	1	1.75	3.5
U	ug/kg	1	58.3	117
Q	ug/kg	1	2.33	4.66
Q	ug/kg	1	23.3	46.6
U	ug/kg	1	11.7	23.3
U	ug/kg	1	2330	4660
U	ug/kg	1	2330	4660
	ug/kg	1	2.33	4.66
	% Recovery	1	NA	NA
U	ug/kg	1	22.8	45.6
U	ug/kg	1	22.8	45.6
U	ug/kg	1	2.28	4.56
U	ug/kg	1	1.71	3.42
U	ug/kg	1	57	114
Q	ug/kg	1	2.28	4.56
Q	ug/kg	1	22.8	45.6
UJ	ug/kg	1	11.4	22.8
U	ug/kg	1	2280	4560
U	ug/kg	1	2280	4560
U	ug/kg	1	2.28	4.56
	% Recovery	1	NA	NA
Q	ug/kg	1	2.17	4.33
	ug/kg	1	2.17	4.33
*	% Recovery	1	NA	NA
U	ug/kg	1	21.7	43.3
U	ug/kg	1	21.7	43.3
U	ug/kg	1	1.62	3.25

U	ug/kg	1	54.2	108
Q	ug/kg	1	2.17	4.33
Q	ug/kg	1	21.7	43.3
U	ug/kg	1	10.8	21.7
U	ug/kg	1	2170	4330
U	ug/kg	1	2170	4330
	% Recovery	1	NA	NA
P	ug/kg	5	10.8	21.7
DL	% Recovery	5	NA	NA
U	ug/kg	5	108	217
U	ug/kg	5	108	217
U	ug/kg	5	8.12	16.2
U	ug/kg	5	271	542
Q	ug/kg	5	10.8	21.7
Q	ug/kg	5	108	217
U	ug/kg	5	54.2	108
U	ug/kg	5	10800	21700
U	ug/kg	5	10800	21700
U	ug/kg	5	10.8	21.7
DL	% Recovery	5	NA	NA
Q	ug/kg	1	2.36	4.73
P	ug/kg	1	2.36	4.73
*	% Recovery	1	NA	NA
UJ	ug/kg	1	23.6	47.3
UJ	ug/kg	1	23.6	47.3
UJ	ug/kg	1	1.77	3.54
UJ	ug/kg	1	59.1	118
Q	ug/kg	1	2.36	4.73
Q	ug/kg	1	23.6	47.3
UJ	ug/kg	1	11.8	23.6
UJ	ug/kg	1	2360	4730
UJ	ug/kg	1	2360	4730
*	% Recovery	1	NA	NA
P	ug/kg	10	23.6	47.3
DL	% Recovery	10	NA	NA
U	ug/kg	10	236	473
U	ug/kg	10	236	473
U	ug/kg	10	17.7	35.4
U	ug/kg	10	591	1180
Q	ug/kg	10	23.6	47.3
Q	ug/kg	10	236	473
U	ug/kg	10	118	236
U	ug/kg	10	23600	47300
U	ug/kg	10	23600	47300
U	ug/kg	10	23.6	47.3
DL	% Recovery	10	NA	NA
U	ug/kg	1	23.1	46.2
U	ug/kg	1	23.1	46.2
U	ug/kg	1	2.31	4.62
U	ug/kg	1	1.73	3.47
U	ug/kg	1	57.8	116
Q	ug/kg	1	2.31	4.62

Q	ug/kg	1	23.1	46.2
U	ug/kg	1	11.6	23.1
U	ug/kg	1	2310	4620
U	ug/kg	1	2310	4620
U	ug/kg	1	2.31	4.62
	% Recovery	1	NA	NA
U	ug/kg	1	22.5	45
U	ug/kg	1	22.5	45
U	ug/kg	1	2.25	4.5
U	ug/kg	1	1.69	3.37
U	ug/kg	1	56.2	112
Q	ug/kg	1	2.25	4.5
Q	ug/kg	1	22.5	45
U	ug/kg	1	11.2	22.5
U	ug/kg	1	2250	4500
U	ug/kg	1	2250	4500
U	ug/kg	1	2.25	4.5
	% Recovery	1	NA	NA
P	ug/kg	1	2.38	4.75
*	% Recovery	1	NA	NA
UJ	ug/kg	1	23.8	47.5
UJ	ug/kg	1	23.8	47.5
J	ug/kg	1	2.38	4.75
UJ	ug/kg	1	1.78	3.56
UJ	ug/kg	1	59.4	119
Q	ug/kg	1	2.38	4.75
Q	ug/kg	1	23.8	47.5
UJ	ug/kg	1	11.9	23.8
UJ	ug/kg	1	2380	4750
UJ	ug/kg	1	2380	4750
UJ	ug/kg	1	2.38	4.75
*	% Recovery	1	NA	NA
U	ug/kg	1	23	45.9
U	ug/kg	1	23	45.9
U	ug/kg	1	2.3	4.59
U	ug/kg	1	1.72	3.45
U	ug/kg	1	57.4	115
Q	ug/kg	1	2.3	4.59
Q	ug/kg	1	23	45.9
U	ug/kg	1	11.5	23
U	ug/kg	1	2300	4590
U	ug/kg	1	2300	4590
U	ug/kg	1	2.3	4.59
	% Recovery	1	NA	NA
J	ug/kg	1	2.48	4.96
	% Recovery	1	NA	NA
U	ug/kg	1	24.8	49.6
U	ug/kg	1	24.8	49.6
U	ug/kg	1	1.86	3.72
U	ug/kg	1	62	124
Q	ug/kg	1	2.48	4.96
Q	ug/kg	1	24.8	49.6

U	ug/kg	1	12.4	24.8
U	ug/kg	1	2480	4960
U	ug/kg	1	2480	4960
U	ug/kg	1	2.48	4.96
	% Recovery	1	NA	NA
P	ug/kg	5	12	24.1
DL	% Recovery	5	NA	NA
U	ug/kg	5	120	241
U	ug/kg	5	120	241
U	ug/kg	5	9.03	18.1
U	ug/kg	5	301	602
Q	ug/kg	5	12	24.1
Q	ug/kg	5	120	241
U	ug/kg	5	60.2	120
U	ug/kg	5	12000	24100
U	ug/kg	5	12000	24100
	ug/kg	5	12	24.1
DL	% Recovery	5	NA	NA
P	ug/kg	5	10.7	21.5
DL	% Recovery	5	NA	NA
U	ug/kg	5	107	215
U	ug/kg	5	107	215
U	ug/kg	5	8.06	16.1
U	ug/kg	5	269	537
Q	ug/kg	5	10.7	21.5
Q	ug/kg	5	107	215
U	ug/kg	5	53.7	107
U	ug/kg	5	10700	21500
U	ug/kg	5	10700	21500
U	ug/kg	5	10.7	21.5
DL	% Recovery	5	NA	NA
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
J	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	ug/L	1	0.001	0.002
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25

U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25

U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
	mg/kg	10	1.0	2.5
DL	% Recovery	10	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
	mg/kg	10	1.0	2.5
DL	% Recovery	10	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25

U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
	mg/kg	5	0.50	1.25
DL	% Recovery	5	NA	NA
U	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
*	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25

	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
	mg/kg	20	2.0	5.0
	mg/kg	20	2.0	5.0
	mg/kg	20	2.0	5.0
DL	% Recovery	20	NA	NA
U	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
*	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
	mg/kg	100	10	25
	mg/kg	100	10	25
	mg/kg	100	10	25
DL	% Recovery	100	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
	mg/kg	1	0.0998	0.25
J	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
	% Recovery	1	NA	NA
U	mg/kg	1	0.0998	0.25

U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
	mg/kg	1	0.0998	0.25
J	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.0998	0.25
	% Recovery	1	NA	NA
U	mg/kg	1	0.0998	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
	mg/kg	5	0.50	1.25
DL	% Recovery	5	NA	NA
U	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
*	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA

U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
	mg/kg	10	1.0	2.5
DL	% Recovery	10	NA	NA
U	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
J	mg/kg	1	0.10	0.25
*	% Recovery	1	NA	NA
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
U	mg/kg	1	0.10	0.25
	% Recovery	1	NA	NA
	mg/kg	10	1.0	2.5

DL	% Recovery	10	NA	NA	
	mg/kg	100	10	25	
DL	% Recovery	100	NA	NA	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.0998	0.25	
U	mg/kg	1	0.0998	0.25	
U	mg/kg	1	0.0998	0.25	
U	mg/kg	1	0.0998	0.25	
U	mg/kg	1	0.0998	0.25	
U	mg/kg	1	0.0998	0.25	
U	mg/kg	1	0.0998	0.25	
	% Recovery	1	NA	NA	
U	mg/kg	10	0.998	2.5	
DL	% Recovery	10	NA	NA	
U	mg/kg	1	0.0998	0.25	
J	mg/kg	1	0.0998	0.25	
J	mg/kg	1	0.0998	0.25	
J	mg/kg	1	0.0998	0.25	
J	mg/kg	1	0.0998	0.25	
*	% Recovery	1	NA	NA	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
U	mg/kg	1	0.10	0.25	
	% Recovery	1	NA	NA	
U	mg/kg	1	0.10	0.25	
>	Degrees C	1	NA	NA	PP01
>	Degrees C	1	NA	NA	PP01
>	Degrees C	1	NA	NA	PP01
>	Degrees C	1	NA	NA	PP01
>	Degrees C	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
U	mg/kg	1	25	49.9	PP01
U	mg/kg	1	24.9	49.8	PP01
U	mg/kg	1	25.5	51.0	PP01
U	mg/kg	1	25.0	50.0	PP01

U	mg/kg	1	25.2	50.4	PP01
U	mg/kg	1	50	100	PP01
U	mg/kg	1	50	100	PP01
U	mg/kg	1	50	100	PP01
U	mg/kg	1	50	100	PP01
U	mg/kg	1	50	100	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01

UJ	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01
U	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01
J	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01
UJ	mg/kg	20	2	4.99	PP01
J	mg/kg	1	0.0998	0.250	PP02
	mg/kg	10	0.998	2.50	PP02
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
J	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
J	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP02
J	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
	mg/kg	1	0.0991	0.248	PP01
	mg/kg	1	0.0991	0.248	PP01
	mg/kg	1	0.0991	0.248	PP01
	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01

	mg/kg	1	0.0991	0.248	PP01
	mg/kg	1	0.0991	0.248	PP01
	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01
UJ	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
UJ	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01
UJ	mg/kg	1	0.0991	0.248	PP01
UJ	mg/kg	1	0.0991	0.248	PP01
UJ	mg/kg	1	0.0991	0.248	PP01
	mg/kg	1	0.0991	0.248	PP02
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP02

U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
J	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	ug/L	1	0.00100	0.00200	PP01
U	ug/L	1	0.00100	0.00200	PP01
U	ug/L	1	0.00100	0.00200	PP01
J	ug/L	1	0.00100	0.00200	PP01
U	ug/L	1	0.00100	0.00200	PP01
>	Degrees C	1	NA	NA	PP01
>	Degrees C	1	NA	NA	PP01
>	Degrees C	1	NA	NA	PP01
>	Degrees C	1	NA	NA	PP01
>	Degrees C	1	NA	NA	PP01
U	ug/L	1	0.1	1.00	PP01
	ug/L	1	0.025	0.100	PP01
U	ug/L	1	0.025	0.100	PP01
U	ug/L	1	0.025	0.200	PP01
J	ug/L	1	0.1	1.00	PP01
U	ug/L	1	0.4	0.800	PP01
U	ug/L	1	0.05	0.100	PP01
U	ug/L	1	0.1	1.00	PP01
	ug/L	1	0.025	0.100	PP01
U	ug/L	1	0.025	0.100	PP01
U	ug/L	1	0.025	0.200	PP01
U	ug/L	1	0.1	1.00	PP01

[illegible]

[illegible]

UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	20.1	39.8	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	19.3	38.2	PP01
UJ	ug/kg	1	22.4	44.9	PP01
Q	ug/kg	1	22.4	44.9	PP01
Q	ug/kg	1	2.24	4.49	PP01
UJ	ug/kg	1	1.68	3.37	PP01
UJ	ug/kg	1	56.1	112	PP01
Q	ug/kg	1	2.24	4.49	PP01
Q	ug/kg	1	22.4	44.9	PP01
UJ	ug/kg	1	11.2	22.4	PP01
UJ	ug/kg	1	2240	4490	PP01
UJ	ug/kg	1	2240	4490	PP01
UJ	ug/kg	1	2.24	4.49	PP01
U	ug/kg	1	24.7	49.5	PP01
Q	ug/kg	1	24.7	49.5	PP01
Q	ug/kg	1	2.47	4.95	PP01
U	ug/kg	1	1.86	3.71	PP01
U	ug/kg	1	61.8	124	PP01
Q	ug/kg	1	2.47	4.95	PP01
Q	ug/kg	1	24.7	49.5	PP01
U	ug/kg	1	12.4	24.7	PP01
U	ug/kg	1	2470	4950	PP01
U	ug/kg	1	2470	4950	PP01
U	ug/kg	1	2.47	4.95	PP01
UJ	ug/kg	1	24.9	49.8	PP01
Q	ug/kg	1	24.9	49.8	PP01
Q	ug/kg	1	2.49	4.98	PP01
UJ	ug/kg	1	1.87	3.73	PP01

[illegible]

[illegible]

UJ	ug/kg	1	0.381	1.90	PP01
UJ	ug/kg	1	0.381	1.90	PP01
UJ	ug/kg	1	0.381	1.90	PP01
UJ	ug/kg	1	0.381	1.90	PP01
UJ	ug/kg	1	0.381	1.90	PP01
UJ	ug/kg	1	0.381	1.90	PP01
UJ	ug/kg	1	0.381	1.90	PP01
UJ	ug/kg	1	0.381	1.90	PP01
UJ	ug/kg	1	19.3	38.1	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	17.8	35.2	PP01
Q	ug/kg	1	26.9	53.7	PP01
Q	ug/kg	1	26.9	53.7	PP01
UJ	ug/kg	1	2.69	5.37	PP01
UJ	ug/kg	1	2.02	4.03	PP01
UJ	ug/kg	1	67.2	134	PP01
Q	ug/kg	1	2.69	5.37	PP01
Q	ug/kg	1	26.9	53.7	PP01
UJ	ug/kg	1	13.4	26.9	PP01
UJ	ug/kg	1	2690	5370	PP01
UJ	ug/kg	1	2690	5370	PP01
UJ	ug/kg	1	2.69	5.37	PP01
Q	ug/kg	1	23.2	46.5	PP01
Q	ug/kg	1	23.2	46.5	PP01
U	ug/kg	1	2.32	4.65	PP01
U	ug/kg	1	1.74	3.49	PP01
U	ug/kg	1	58.1	116	PP01
Q	ug/kg	1	2.32	4.65	PP01
Q	ug/kg	1	23.2	46.5	PP01
U	ug/kg	1	11.6	23.2	PP01
U	ug/kg	1	2320	4650	PP01
U	ug/kg	1	2320	4650	PP01
U	ug/kg	1	2.32	4.65	PP01

J	ug/kg	1	2.58	5.17	PP01
Q	ug/kg	1	25.8	51.7	PP01
Q	ug/kg	1	25.8	51.7	PP01
U	ug/kg	1	2.58	5.17	PP01
U	ug/kg	1	1.94	3.88	PP01
U	ug/kg	1	64.6	129	PP01
Q	ug/kg	1	2.58	5.17	PP01
Q	ug/kg	1	25.8	51.7	PP01
U	ug/kg	1	12.9	25.8	PP01
U	ug/kg	1	2580	5170	PP01
U	ug/kg	1	2580	5170	PP01
J	ug/kg	1	2.58	5.17	PP01
Q	ug/kg	1	23.8	47.5	PP01
Q	ug/kg	1	23.8	47.5	PP01
U	ug/kg	1	2.38	4.75	PP01
U	ug/kg	1	1.78	3.57	PP01
U	ug/kg	1	59.4	119	PP01
Q	ug/kg	1	2.38	4.75	PP01
Q	ug/kg	1	23.8	47.5	PP01
U	ug/kg	1	11.9	23.8	PP01
U	ug/kg	1	2380	4750	PP01
U	ug/kg	1	2380	4750	PP01
U	ug/kg	1	2.38	4.75	PP01
J	ug/kg	1	2.38	4.75	PP01
Q	ug/kg	1	23.8	47.5	PP01
Q	ug/kg	1	23.8	47.5	PP01
U	ug/kg	1	2.38	4.75	PP01
U	ug/kg	1	1.78	3.56	PP01
U	ug/kg	1	59.4	119	PP01
Q	ug/kg	1	2.38	4.75	PP01
Q	ug/kg	1	23.8	47.5	PP01
U	ug/kg	1	11.9	23.8	PP01
U	ug/kg	1	2380	4750	PP01
U	ug/kg	1	2380	4750	PP01
J	ug/kg	1	2.38	4.75	PP01
Q	ug/kg	1	22.3	44.6	PP02
Q	ug/kg	1	22.3	44.6	PP02
Q	ug/kg	1	2.23	4.46	PP02
UJ	ug/kg	1	1.67	3.35	PP02
UJ	ug/kg	1	55.8	112	PP02
UJ	ug/kg	1	2.23	4.46	PP02
Q	ug/kg	1	22.3	44.6	PP02
UJ	ug/kg	1	11.2	22.3	PP02
UJ	ug/kg	1	2230	4460	PP02
UJ	ug/kg	1	2230	4460	PP02
UJ	ug/kg	1	2.23	4.46	PP02
Q	ug/kg	1	23.8	47.6	PP02
Q	ug/kg	1	23.8	47.6	PP02
Q	ug/kg	1	2.38	4.76	PP02
U	ug/kg	1	1.78	3.57	PP02
U	ug/kg	1	59.5	119	PP02
U	ug/kg	1	2.38	4.76	PP02

[illegible]

UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	20.9	41.2	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	2.02	PP01
Q	ug/kg	1	24.7	49.4	PP01
Q	ug/kg	1	24.7	49.4	PP01
U	ug/kg	1	2.47	4.94	PP01
U	ug/kg	1	1.85	3.7	PP01
U	ug/kg	1	61.7	123	PP01
Q	ug/kg	1	2.47	4.94	PP01
Q	ug/kg	1	24.7	49.4	PP01
U	ug/kg	1	12.3	24.7	PP01
U	ug/kg	1	2470	4940	PP01
U	ug/kg	1	2470	4940	PP01
U	ug/kg	1	2.47	4.94	PP01
Q	ug/kg	1	22.1	44.3	PP01
Q	ug/kg	1	22.1	44.3	PP01
U	ug/kg	1	2.21	4.43	PP01
U	ug/kg	1	1.66	3.32	PP01
U	ug/kg	1	55.3	111	PP01
Q	ug/kg	1	2.21	4.43	PP01
Q	ug/kg	1	22.1	44.3	PP01
U	ug/kg	1	11.1	22.1	PP01

U	ug/kg	1	2210	4430	PP01
U	ug/kg	1	2210	4430	PP01
U	ug/kg	1	2.21	4.43	PP01
U	mg/kg	1	50	100	PP01
U	mg/kg	1	50	100	PP01
U	mg/kg	1	0.0999	0.25	PP01
U	mg/kg	1	0.0999	0.25	PP01
U	mg/kg	1	0.0999	0.25	PP01
	mg/kg	1	0.0999	0.25	PP01
U	mg/kg	1	0.0999	0.25	PP01
U	mg/kg	1	0.0999	0.25	PP01
U	mg/kg	1	0.0999	0.25	PP01
U	mg/kg	1	0.0999	0.25	PP01
U	mg/kg	1	0.0999	0.25	PP01
J	mg/kg	1	0.0999	0.25	PP01
U	mg/kg	1	0.0999	0.25	PP01
U	mg/kg	1	0.0999	0.25	PP01
Q	mg/kg	1	0.0999	0.25	PP01
	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
J	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
J	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
UJ	mg/kg	1	0.0999	0.25	PP01
	mg/kg	1	0.0999	0.25	PP02
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
Q	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP02
U	ug/L	1	0.001	0.002	PP01

[illegible]

	UJ	ug/kg	1	0.404	2.02	PP01
	UJ	ug/kg	1	0.404	2.02	PP01
	UJ	ug/kg	1	0.404	2.02	PP01
	UJ	ug/kg	1	0.404	2.02	PP01
	UJ	ug/kg	1	0.404	2.02	PP01
	UJ	ug/kg	1	0.404	2.02	PP01
	UJ	ug/kg	1	0.404	2.02	PP01
	UJ	ug/kg	1	20.4	40.4	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	0.389	1.95	PP01
	UJ	ug/kg	1	19.7	38.9	PP01
		mg/kg	1	0.434	4.34	PP01
		mg/kg	1	0.421	4.21	PP01
		mg/kg	1	0.384	3.84	PP01
		mg/kg	1	0.402	4.02	PP01
	U	ug/kg	1	0.409	2.05	PP01
	U	ug/kg	1	0.409	4.09	PP01
	U	ug/kg	1	0.404	2.02	PP01
	U	ug/kg	1	0.404	4.04	PP01
UJ	UJ	ug/kg	1	0.355	1.78	PP01
UJ	UJ	ug/kg	1	0.355	3.55	PP01
UL	UL	ug/kg	1	0.357	1.78	PP01
UL	UL	ug/kg	1	0.357	3.57	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
UL	UL	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
J	J	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01

	U	mg/kg	1	0.100	0.251	PP01
UL	UL	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
UJ	UJ	mg/kg	1	0.0966	0.242	PP01
J	J	mg/kg	1	0.0966	0.242	PP01
J	J	mg/kg	1	0.0966	0.242	PP01
J	J	mg/kg	1	0.0966	0.242	PP01
UJ	UJ	mg/kg	1	0.0966	0.242	PP01
UJ	UJ	mg/kg	1	0.0966	0.242	PP01
J	J	mg/kg	1	0.0966	0.242	PP01
UJ	UJ	mg/kg	1	0.0966	0.242	PP01
J	J	mg/kg	1	0.0966	0.242	PP01
	U	mg/kg	1	0.0969	0.242	PP01
	U	mg/kg	1	0.0969	0.242	PP01
	U	mg/kg	1	0.0969	0.242	PP01
UL	UL	mg/kg	1	0.0969	0.242	PP01
	U	mg/kg	1	0.0969	0.242	PP01
	U	mg/kg	1	0.0969	0.242	PP01
	U	mg/kg	1	0.0969	0.242	PP01
	U	mg/kg	1	0.0969	0.242	PP01
	U	mg/kg	1	0.0969	0.242	PP01
J	J	mg/kg	1	9.41	18.8	PP01
	U	mg/kg	1	9.11	18.2	PP01
		mg/kg	1	8.80	17.6	PP01
	U	mg/kg	1	9.02	18.0	PP01
J	J	mg/kg	1	0.0999	0.25	PP01
	U	mg/kg	1	0.100	0.251	PP01
J	J	mg/kg	5	0.483	1.21	PP01
	U	mg/kg	1	0.0969	0.242	PP01
		UNITS	1	NA	NA	PP01
		UNITS	1	NA	NA	PP01
		UNITS	1	NA	NA	PP01
		UNITS	1	NA	NA	PP01
		UNITS	1	NA	NA	PP01
		UNITS	1	NA	NA	PP01
		UNITS	1	NA	NA	PP01
		UNITS	1	NA	NA	PP01
		UNITS	1	NA	NA	PP01
	U	ug/L	1	0.100	1.00	PP01
		ug/L	1	0.0250	0.100	PP01
	U	ug/L	1	0.0250	0.100	PP01
	J	ug/L	1	0.0250	0.200	PP01
	U	ug/L	1	0.100	1.00	PP01
	U	ug/L	1	0.400	0.800	PP01
	U	ug/L	1	0.0500	0.100	PP01
	U	ug/L	1	0.100	1.00	PP01
		ug/L	1	0.0250	0.100	PP01

[illegible]

[illegible]

UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	20.4	40.4	PP01
UJ	ug/kg	1	0.430	2.15	PP02
UJ	ug/kg	1	0.430	2.15	PP02
UJ	ug/kg	1	0.430	2.15	PP02
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	21.8	43	PP01
UJ	ug/kg	1	0.398	1.99	PP02
UJ	ug/kg	1	0.398	1.99	PP02
UJ	ug/kg	1	0.398	1.99	PP02
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	20.2	39.8	PP01
UJ	ug/kg	1	0.406	2.03	PP02

[illegible]

[illegible]

UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
J	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
J	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	18.5	36.5	PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
U	ug/kg	1	23.8	47.5	PP01
U	ug/kg	1	23.8	47.5	PP01
U	ug/kg	1	2.38	4.75	PP01
U	ug/kg	1	1.78	3.56	PP01
U	ug/kg	1	59.4	119	PP01
U	ug/kg	1	2.38	4.75	PP01
UQ	ug/kg	1	23.8	47.5	PP01
U	ug/kg	1	11.9	23.8	PP01
U	ug/kg	1	2380	4750	PP01
U	ug/kg	1	2380	4750	PP01
U	ug/kg	1	2.38	4.75	PP01
U	ug/kg	1	25.1	50.1	PP01
U	ug/kg	1	25.1	50.1	PP01
U	ug/kg	1	2.51	5.01	PP01
U	ug/kg	1	1.88	3.76	PP01
U	ug/kg	1	62.7	125	PP01
U	ug/kg	1	2.51	5.01	PP01
UQ	ug/kg	1	25.1	50.1	PP01
U	ug/kg	1	12.5	25.1	PP01
U	ug/kg	1	2510	5010	PP01

U	ug/kg	1	2510	5010	PP01
U	ug/kg	1	2.51	5.01	PP01
U	ug/kg	1	26.7	53.3	PP01
U	ug/kg	1	26.7	53.3	PP01
U	ug/kg	1	2.67	5.33	PP01
U	ug/kg	1	2.00	4.00	PP01
U	ug/kg	1	66.6	133	PP01
U	ug/kg	1	2.67	5.33	PP01
UQ	ug/kg	1	26.7	53.3	PP01
U	ug/kg	1	13.3	26.7	PP01
U	ug/kg	1	2670	5330	PP01
U	ug/kg	1	2670	5330	PP01
U	ug/kg	1	2.67	5.33	PP01
U	ug/kg	1	24.7	49.4	PP01
U	ug/kg	1	24.7	49.4	PP01
U	ug/kg	1	2.47	4.94	PP01
U	ug/kg	1	1.85	3.70	PP01
U	ug/kg	1	61.7	123	PP01
U	ug/kg	1	2.47	4.94	PP01
UQ	ug/kg	1	24.7	49.4	PP01
U	ug/kg	1	12.3	24.7	PP01
U	ug/kg	1	2470	4940	PP01
U	ug/kg	1	2470	4940	PP01
U	ug/kg	1	2.47	4.94	PP01
U	ug/kg	1	24.9	49.8	PP01
U	ug/kg	1	24.9	49.8	PP01
U	ug/kg	1	2.49	4.98	PP01
U	ug/kg	1	1.87	3.73	PP01
U	ug/kg	1	62.2	124	PP01
U	ug/kg	1	2.49	4.98	PP01
UQ	ug/kg	1	24.9	49.8	PP01
U	ug/kg	1	12.4	24.9	PP01
U	ug/kg	1	2490	4980	PP01
U	ug/kg	1	2490	4980	PP01
U	ug/kg	1	2.49	4.98	PP01
U	ug/kg	1	21.6	43.3	PP01
U	ug/kg	1	21.6	43.3	PP01
U	ug/kg	1	2.16	4.33	PP01
U	ug/kg	1	1.62	3.24	PP01
U	ug/kg	1	54.1	108	PP01
U	ug/kg	1	2.16	4.33	PP01
UQ	ug/kg	1	21.6	43.3	PP01
U	ug/kg	1	10.8	21.6	PP01
U	ug/kg	1	2160	4330	PP01
U	ug/kg	1	2160	4330	PP01
U	ug/kg	1	2.16	4.33	PP01
U	ug/kg	1	22.7	45.3	PP01
U	ug/kg	1	22.7	45.3	PP01
U	ug/kg	1	2.27	4.53	PP01
U	ug/kg	1	1.70	3.40	PP01
U	ug/kg	1	56.6	113	PP01
U	ug/kg	1	2.27	4.53	PP01

UQ	ug/kg	1	22.7	45.3	PP01
U	ug/kg	1	11.3	22.7	PP01
U	ug/kg	1	2270	4530	PP01
U	ug/kg	1	2270	4530	PP01
U	ug/kg	1	2.27	4.53	PP01
U	ug/kg	1	26.5	52.9	PP01
U	ug/kg	1	26.5	52.9	PP01
U	ug/kg	1	2.65	5.29	PP01
U	ug/kg	1	1.98	3.97	PP01
U	ug/kg	1	66.2	132	PP01
U	ug/kg	1	2.65	5.29	PP01
UQ	ug/kg	1	26.5	52.9	PP01
U	ug/kg	1	13.2	26.5	PP01
U	ug/kg	1	2650	5290	PP01
U	ug/kg	1	2650	5290	PP01
U	ug/kg	1	2.65	5.29	PP01
U	ug/kg	1	19.5	39	PP01
U	ug/kg	1	19.5	39	PP01
U	ug/kg	1	1.95	3.90	PP01
U	ug/kg	1	1.46	2.93	PP01
U	ug/kg	1	48.8	97.6	PP01
U	ug/kg	1	1.95	3.90	PP01
UQ	ug/kg	1	19.5	39	PP01
U	ug/kg	1	9.76	19.5	PP01
U	ug/kg	1	1950	3900	PP01
U	ug/kg	1	1950	3900	PP01
U	ug/kg	1	1.95	3.90	PP01
U	ug/kg	1	21.5	43	PP01
U	ug/kg	1	21.5	43	PP01
U	ug/kg	1	2.15	4.3	PP01
U	ug/kg	1	1.61	3.23	PP01
U	ug/kg	1	53.8	108	PP01
U	ug/kg	1	2.15	4.3	PP01
UQ	ug/kg	1	21.5	43	PP01
U	ug/kg	1	10.8	21.5	PP01
J	ug/kg	1	2150	4300	PP01
U	ug/kg	1	2150	4300	PP01
U	ug/kg	1	2.15	4.3	PP01
P	ug/kg	1	2150	4300	PP01
U	mg/kg	1	50.0	100	PP01
U	mg/kg	1	50.0	100	PP01
U	mg/kg	1	50.0	100	PP01
U	mg/kg	1	50.0	100	PP01
U	mg/kg	1	50.0	100	PP01
U	mg/kg	1	50.0	100	PP01
U	mg/kg	1	50.0	100	PP01
U	mg/kg	1	50.0	100	PP01
U	mg/kg	1	50.0	100	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01

U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
UQ	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP02
J	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP01
	mg/kg	1	0.0953	0.238	PP01
	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP01
Q	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP01
	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP01
	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0953	0.238	PP02
J	mg/kg	1	0.0953	0.238	PP01
UJ	mg/kg	1	0.0953	0.238	PP01
J	mg/kg	1	0.0953	0.238	PP01
J	mg/kg	1	0.0953	0.238	PP01
UJ	mg/kg	1	0.0953	0.238	PP01
J	mg/kg	1	0.0953	0.238	PP01
UJ	mg/kg	1	0.0953	0.238	PP01
UJ	mg/kg	1	0.0953	0.238	PP01
UJ	mg/kg	1	0.0953	0.238	PP01
J	mg/kg	1	0.0953	0.238	PP01
UJ	mg/kg	1	0.0953	0.238	PP01
UJ	mg/kg	1	0.0953	0.238	PP01
UJ	mg/kg	1	0.0953	0.238	PP01
UJ	mg/kg	1	0.0953	0.238	PP01
U	mg/kg	1	0.0955	0.239	PP01
U	mg/kg	1	0.0955	0.239	PP01
U	mg/kg	1	0.0955	0.239	PP01
U	mg/kg	1	0.0955	0.239	PP01
U	mg/kg	1	0.0955	0.239	PP01
UQ	mg/kg	1	0.0955	0.239	PP01
U	mg/kg	1	0.0955	0.239	PP01
U	mg/kg	1	0.0955	0.239	PP01
U	mg/kg	1	0.0955	0.239	PP01

[illegible]

UJ	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
UQ	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP02
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
UQ	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP02
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
UQ	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP01
U	mg/kg	1	0.0947	0.237	PP02
U	mg/kg	1	0.0923	0.231	PP01
U	mg/kg	1	0.0923	0.231	PP01
U	mg/kg	1	0.0923	0.231	PP01

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U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
Q	mg/kg	100	10.0	25	PP01
U	mg/kg	100	10.0	25	PP01
U	mg/kg	1	25.6	51.2	PP01
U	mg/kg	1	26.2	52.4	PP01
U	mg/kg	1	25.3	50.7	PP01
U	mg/kg	1	25.5	51	PP01
U	mg/kg	1	26.6	53.3	PP01
U	mg/kg	1	26.0	51.9	PP01
U	mg/kg	1	25.1	50.2	PP01
U	mg/kg	1	26.4	52.8	PP01
U	mg/kg	1	26.7	53.4	PP01
U	mg/kg	1	26.1	52.2	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	19.8	39.2	PP01
UJ	ug/kg	1	0.399	2.00	PP01

UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	0.399	2.00	PP01
UJ	ug/kg	1	20.2	39.9	PP01
	mg/kg	1	0.412	4.12	PP01
U	ug/kg	1	0.424	2.12	PP01
U	ug/kg	1	0.424	2.12	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	10.0	20.0	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	125	250	PP01
UJ	ug/L	1	125	250	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	25	50	PP01
	mg/kg	2	0.951	9.51	PP01
	mg/kg	2	0.939	9.39	PP01
	mg/kg	2	0.970	9.70	PP01
	mg/kg	2	0.906	9.06	PP01
	mg/kg	1	0.475	4.75	PP01
U	ug/kg	1	0.382	1.91	PP01

U	ug/kg	1	0.382	3.82	PP01
U	ug/kg	1	0.362	1.81	PP01
U	ug/kg	1	0.362	3.62	PP01
U	ug/kg	1	0.384	1.92	PP01
U	ug/kg	1	0.384	3.84	PP01
U	ug/kg	1	0.398	1.99	PP01
U	ug/kg	1	0.398	3.98	PP01
U	ug/kg	1	0.386	1.93	PP01
U	ug/kg	1	0.386	3.86	PP01
U	ug/kg	1	0.356	1.78	PP01
U	ug/kg	1	0.356	3.56	PP01
U	ug/kg	1	0.357	1.78	PP01
U	ug/kg	1	0.357	3.57	PP01
U	ug/kg	1	0.380	1.90	PP01
U	ug/kg	1	0.380	3.80	PP01
U	ug/kg	1	0.355	1.78	PP01
U	ug/kg	1	0.355	3.55	PP01
U	ug/kg	1	0.360	1.80	PP01
U	ug/kg	1	0.360	3.60	PP01
U	ug/kg	1	0.375	1.88	PP01
U	ug/kg	1	0.375	3.75	PP01
U	ug/kg	1	0.450	2.25	PP01
U	ug/kg	1	0.450	4.50	PP01
U	ug/kg	1	0.360	1.80	PP01
U	ug/kg	1	0.360	3.60	PP01
U	ug/kg	1	0.358	1.79	PP01
U	ug/kg	1	0.358	3.58	PP01
U	ug/kg	1	0.385	1.93	PP01
U	ug/kg	1	0.385	3.85	PP01
U	ug/kg	1	0.352	1.76	PP01
U	ug/kg	1	0.352	3.52	PP01
U	ug/kg	1	0.369	1.85	PP01
U	ug/kg	1	0.369	3.69	PP01
U	ug/kg	1	0.402	2.01	PP01
U	ug/kg	1	0.402	4.02	PP01
U	ug/kg	1	0.399	1.99	PP01
U	ug/kg	1	0.399	3.99	PP01
U	ug/kg	1	0.362	1.81	PP01
U	ug/kg	1	0.362	3.62	PP01
U	ug/kg	1	0.370	1.85	PP01
U	ug/kg	1	0.370	3.70	PP01
U	ug/kg	1	0.390	1.95	PP01
U	ug/kg	1	0.390	3.90	PP01
U	ug/kg	1	0.370	1.85	PP01
U	ug/kg	1	0.370	3.70	PP01
U	ug/kg	1	0.379	1.90	PP01
U	ug/kg	1	0.379	3.79	PP01
U	ug/kg	1	0.366	1.83	PP01
U	ug/kg	1	0.366	3.66	PP01
U	ug/kg	1	0.387	1.93	PP01
U	ug/kg	1	0.387	3.87	PP01
U	ug/kg	1	0.469	2.35	PP01

	U	ug/kg	1	0.469	4.69	PP01
	U	ug/kg	1	0.437	2.18	PP01
	U	ug/kg	1	0.437	4.37	PP01
	U	ug/kg	1	0.392	1.96	PP01
	U	ug/kg	1	0.392	3.92	PP01
	U	ug/kg	1	0.443	2.21	PP01
	U	ug/kg	1	0.443	4.43	PP01
	U	ug/kg	1	0.475	2.38	PP01
	U	ug/kg	1	0.475	4.75	PP01
J	J	mg/kg	1	0.397	3.97	PP01
J	J	mg/kg	1	0.411	4.11	PP01
J	J	mg/kg	1	0.411	4.11	PP01
J	J	mg/kg	1	0.402	4.02	PP01
J	J	mg/kg	1	0.417	4.17	PP01
J	J	mg/kg	1	0.420	4.20	PP01
J	J	mg/kg	1	0.397	3.97	PP01
J	J	mg/kg	1	0.391	3.91	PP01
J	J	mg/kg	1	0.415	4.15	PP01
J	J	mg/kg	1	0.398	3.98	PP01
J	J	mg/kg	1	0.414	4.14	PP01
J	J	mg/kg	1	0.353	3.53	PP01
J	J	mg/kg	1	0.412	4.12	PP01
J	J	mg/kg	1	0.390	3.90	PP01
J	J	mg/kg	1	0.428	4.28	PP01
J	J	mg/kg	1	0.476	4.76	PP01
J	J	mg/kg	1	0.406	4.06	PP01
J	J	mg/kg	1	0.430	4.30	PP01
J	J	mg/kg	1	0.404	4.04	PP01
J	J	mg/kg	1	0.412	4.12	PP01
		mg/kg	1	0.436	4.36	PP01
		mg/kg	1	0.380	3.80	PP01
		mg/kg	1	0.473	4.73	PP01
		mg/kg	1	0.377	3.77	PP01
		mg/kg	1	0.390	3.90	PP01
		mg/kg	1	0.443	4.43	PP01
		mg/kg	1	0.434	4.34	PP01
		mg/kg	1	0.430	4.30	PP01
		mg/kg	1	0.412	4.12	PP01
		mg/kg	1	0.402	4.02	PP01
		mg/kg	1	0.389	3.89	PP01
		mg/kg	1	0.400	4.00	PP01
		mg/kg	1	0.389	3.89	PP01
		mg/kg	1	0.430	4.30	PP01
		mg/kg	1	0.390	3.90	PP01
		mg/kg	1	0.433	4.33	PP01
		mg/kg	1	0.387	3.87	PP01
J	J	mg/kg	1	0.483	4.83	PP01
		mg/kg	1	0.419	4.19	PP01
		mg/kg	1	0.452	4.52	PP01
	U	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01

[illegible]

	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
J	U	mg/kg	1	0.100	0.250	PP01
	J	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01

[illegible]

	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
	UM	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
	UM	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	4	0.400	1.00	PP01
	U	mg/kg	1	0.100	0.250	PP01
UJ	UJ	mg/kg	1	0.100	0.250	PP01
UJ	UJ	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
UJ	UJ	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
UJ	UJ	mg/kg	1	0.100	0.250	PP01
UJ	UJ	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.0994	0.249	PP01
		mg/kg	1	0.0994	0.249	PP01
		mg/kg	1	0.0994	0.249	PP01
		mg/kg	1	0.0994	0.249	PP01
J	J	mg/kg	1	0.0994	0.249	PP01
	U	mg/kg	1	0.0994	0.249	PP01
J	J	mg/kg	1	0.0994	0.249	PP01
		mg/kg	1	0.0994	0.249	PP01
J	J	mg/kg	1	0.0994	0.249	PP01
J	J	mg/kg	5	0.497	1.24	PP01
	U	mg/kg	1	0.0998	0.250	PP01

[illegible]

J	J	mg/kg	1	0.0981	0.245	PP01
	U	mg/kg	1	0.0981	0.245	PP01
	U	mg/kg	1	0.0981	0.245	PP01
	U	mg/kg	1	0.0981	0.245	PP01
	U	mg/kg	1	0.0981	0.245	PP01
	U	mg/kg	1	0.0981	0.245	PP01
	U	mg/kg	1	0.0981	0.245	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.100	0.251	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	1	0.0991	0.248	PP01
	U	mg/kg	100	9.98	25.0	PP01
	U	mg/kg	1	0.0998	0.250	PP01
		mg/kg	1	0.0998	0.250	PP01
		mg/kg	1	0.0998	0.250	PP01
J	J	mg/kg	1	0.0998	0.250	PP01
		mg/kg	1	0.0998	0.250	PP01
		mg/kg	1	0.0998	0.250	PP01
		mg/kg	1	0.0998	0.250	PP01
J	J	mg/kg	1	0.0998	0.250	PP01
		mg/kg	1	0.0998	0.250	PP01
	U	mg/kg	1	0.0982	0.246	PP01
J	J	mg/kg	1	0.0982	0.246	PP01
		mg/kg	1	0.0982	0.246	PP01
		mg/kg	1	0.0982	0.246	PP01
	U	mg/kg	1	0.0982	0.246	PP01
	U	mg/kg	1	0.0982	0.246	PP01
		mg/kg	1	0.0982	0.246	PP01
	U	mg/kg	1	0.0982	0.246	PP01
J	J	mg/kg	1	0.0982	0.246	PP01
J	J	mg/kg	4	0.393	0.982	PP01
		mg/kg	10	0.989	2.47	PP01
		mg/kg	50	4.95	12.4	PP02
		mg/kg	50	4.95	12.4	PP02
	U	mg/kg	1	0.0989	0.247	PP01
J	J	mg/kg	1	0.0989	0.247	PP01

[illegible]

	U	mg/kg	1	0.0992	0.248	PP01
	U	mg/kg	1	0.0992	0.248	PP01
	U	mg/kg	1	0.0992	0.248	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
J	J	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.0999	0.250	PP01
	U	mg/kg	1	0.101	0.252	PP01
J	J	mg/kg	1	0.101	0.252	PP01
	U	mg/kg	1	0.101	0.252	PP01
		mg/kg	1	0.101	0.252	PP01
	U	mg/kg	1	0.101	0.252	PP01
	U	mg/kg	1	0.101	0.252	PP01
	U	mg/kg	1	0.101	0.252	PP01
	U	mg/kg	1	0.101	0.252	PP01
	U	mg/kg	1	0.101	0.252	PP01
	U	mg/kg	1	0.101	0.252	PP01
		mg/kg	10	0.992	2.48	PP01
	U	mg/kg	10	0.992	2.48	PP01
		mg/kg	100	9.92	24.8	PP02
		mg/kg	1000	99.2	248	PP03
J	J	mg/kg	1	0.0992	0.248	PP01
UJ	UJ	mg/kg	1	0.0992	0.248	PP01
UJ	UJ	mg/kg	1	0.0992	0.248	PP01
UJ	UJ	mg/kg	1	0.0992	0.248	PP01
J	J	mg/kg	1	0.0992	0.248	PP01
J	J	mg/kg	1	0.0992	0.248	PP01
J	J	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
		mg/kg	1	0.100	0.250	PP01
		mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
		mg/kg	500	50.1	125	PP02
		mg/kg	50	5.01	12.5	PP01
		mg/kg	50	5.01	12.5	PP01
	U	mg/kg	1	0.100	0.250	PP01
		mg/kg	1	0.100	0.250	PP01
		mg/kg	1	0.100	0.250	PP01
		mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
	U	mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01
		mg/kg	1	0.100	0.250	PP01
J	J	mg/kg	1	0.100	0.250	PP01

		mg/kg	20	2.00	5.00	PP01
	U	mg/kg	1	0.0992	0.248	PP01
J	J	mg/kg	1	0.0992	0.248	PP01
		mg/kg	1	0.0992	0.248	PP01
		mg/kg	1	0.0992	0.248	PP01
J	J	mg/kg	1	0.0992	0.248	PP01
	U	mg/kg	1	0.0992	0.248	PP01
	U	mg/kg	1	0.0992	0.248	PP01
J	J	mg/kg	1	0.0992	0.248	PP01
J	J	mg/kg	1	0.0992	0.248	PP01
	U	mg/kg	1	0.0992	0.248	PP01
	U	mg/kg	1	0.0987	0.247	PP01
	U	mg/kg	1	0.0987	0.247	PP01
		mg/kg	1	0.0987	0.247	PP01
		mg/kg	1	0.0987	0.247	PP01
	U	mg/kg	1	0.0987	0.247	PP01
	U	mg/kg	1	0.0987	0.247	PP01
J	J	mg/kg	1	0.0987	0.247	PP01
	U	mg/kg	1	0.0987	0.247	PP01
	U	mg/kg	1	0.0987	0.247	PP01
		mg/kg	5	0.494	1.23	PP01
	U	mg/kg	1	0.101	0.251	PP01
	U	mg/kg	1	0.101	0.251	PP01
	U	mg/kg	1	0.101	0.251	PP01
	U	mg/kg	1	0.101	0.251	PP01
	U	mg/kg	1	0.101	0.251	PP01
	U	mg/kg	1	0.101	0.251	PP01
	U	mg/kg	1	0.101	0.251	PP01
	U	mg/kg	1	0.101	0.251	PP01
	U	mg/kg	1	0.101	0.251	PP01
	U	ug/kg	1	1.91	9.57	PP01
	U	ug/kg	1	1.91	19.1	PP01
	U	ug/kg	1	0.411	2.06	PP01
	U	ug/kg	1	0.411	4.11	PP01
	U	ug/kg	1	0.392	1.96	PP01
	U	ug/kg	1	0.392	3.92	PP01
	U	ug/kg	1	0.391	1.95	PP01
	U	ug/kg	1	0.391	3.91	PP01
	U	ug/kg	1	0.380	1.90	PP01
	U	ug/kg	1	0.380	3.80	PP01
	U	ug/kg	1	0.424	2.12	PP01
	U	ug/kg	1	0.424	4.24	PP01
	U	ug/kg	1	0.374	1.87	PP01
	U	ug/kg	1	0.374	3.74	PP01
	U	ug/kg	1	0.734	3.67	PP01
	U	ug/kg	1	0.734	7.34	PP01
	U	ug/kg	1	0.372	1.86	PP01
	U	ug/kg	1	0.372	3.72	PP01
	U	ug/kg	1	0.334	1.67	PP01
	U	ug/kg	1	0.334	3.34	PP01
	U	ug/kg	1	0.366	1.83	PP01

U	ug/kg	1	0.366	3.66	PP01
U	ug/kg	1	0.376	1.88	PP01
U	ug/kg	1	0.376	3.76	PP01
U	ug/kg	1	0.389	1.95	PP01
U	ug/kg	1	0.389	3.89	PP01
U	ug/kg	1	0.388	1.94	PP01
U	ug/kg	1	0.388	3.88	PP01
	mg/kg	1	0.419	4.19	PP01
	mg/kg	1	0.377	3.77	PP01
	mg/kg	1	0.414	4.14	PP01
	mg/kg	1	0.399	3.99	PP01
	mg/kg	1	0.400	4.00	PP01
	mg/kg	1	0.411	4.11	PP01
	mg/kg	1	0.438	4.38	PP01
U	mg/kg	1	0.0985	0.246	PP01
J	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
J	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
J	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
J	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	50	4.99	12.5	PP01
U	mg/kg	10	0.998	2.5	PP01
	mg/kg	10	0.998	2.5	PP01
	mg/kg	10	0.998	2.5	PP01
	mg/kg	10	0.998	2.5	PP01
	mg/kg	10	0.998	2.5	PP01
U	mg/kg	10	0.998	2.5	PP01
U	mg/kg	10	0.998	2.5	PP01

[illegible]

UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	3.92	PP01
UJ	ug/kg	1	0.354	1.77	PP01
UJ	ug/kg	1	0.354	3.54	PP01
UJ	ug/kg	1	0.363	1.81	PP01
UJ	ug/kg	1	0.363	3.63	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	3.82	PP01
UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	0.404	4.04	PP01
UJ	ug/kg	1	0.385	1.92	PP01
UJ	ug/kg	1	0.385	3.85	PP01
U	ug/kg	1	0.401	2.00	PP01
U	ug/kg	1	0.401	4.01	PP01
U	ug/kg	1	0.393	1.96	PP01
U	ug/kg	1	0.393	3.93	PP01
UJ	ug/kg	1	0.397	1.98	PP01
UJ	ug/kg	1	0.397	3.97	PP01
U	ug/kg	1	0.397	1.98	PP01
U	ug/kg	1	0.397	3.97	PP01
UJ	ug/kg	1	0.375	1.87	PP01
UJ	ug/kg	1	0.375	3.75	PP01
U	ug/kg	1	0.375	1.87	PP01
U	ug/kg	1	0.375	3.75	PP01
UJ	ug/kg	1	0.424	2.12	PP01
UJ	ug/kg	1	0.424	4.24	PP01
UJ	ug/kg	1	0.424	2.12	PP01
UJ	ug/kg	1	0.424	4.24	PP01
U	ug/kg	1	4.61	9.22	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.922	4.61	PP01
U	ug/kg	1	2.30	9.22	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.922	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	1.84	4.61	PP01
U	ug/kg	1	0.922	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	2.30	9.22	PP01
U	ug/kg	1	2.30	9.22	PP01

U	ug/kg	1	0.922	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.922	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	0.461	4.61	PP01
U	ug/kg	1	3.17	6.33	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.633	3.17	PP01
U	ug/kg	1	1.58	6.33	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.633	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	1.27	3.17	PP01
U	ug/kg	1	0.633	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	1.58	6.33	PP01
U	ug/kg	1	1.58	6.33	PP01
U	ug/kg	1	0.633	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.633	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	0.317	3.17	PP01
U	ug/kg	1	2.75	5.50	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.550	2.75	PP01
U	ug/kg	1	1.37	5.50	PP01

U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.550	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	1.10	2.75	PP01
U	ug/kg	1	0.550	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	1.37	5.50	PP01
U	ug/kg	1	1.37	5.50	PP01
U	ug/kg	1	0.550	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.550	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	2.75	5.51	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.551	2.75	PP01
U	ug/kg	1	1.38	5.51	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.551	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	1.10	2.75	PP01
U	ug/kg	1	0.551	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	0.275	2.75	PP01
U	ug/kg	1	1.38	5.51	PP01

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UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	503	1010	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	101	201	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UQ	ug/kg	1	510	1020	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	510	1020	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	204	408	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	510	1020	PP01
UJ	ug/kg	1	510	1020	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	510	1020	PP01
UJ	ug/kg	1	510	1020	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01
UJ	ug/kg	1	102	204	PP01

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	ug/kg	1	0.412	2.06	PP01
U	ug/kg	1	0.412	2.06	PP01
U	ug/kg	1	0.412	2.06	PP01
U	ug/kg	1	0.412	2.06	PP01
U	ug/kg	1	0.412	2.06	PP01
U	ug/kg	1	0.412	2.06	PP01
U	ug/kg	1	20.8	41.2	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
UJ	ug/kg	1	0.412	2.06	PP01
J	mg/kg	1	0.491	0.981	PP01
	mg/kg	1	0.0981	0.491	PP01
	mg/kg	1	0.0123	0.491	PP01
J	mg/kg	1	0.0491	0.491	PP01
	mg/kg	1	4.91	9.81	PP01
	mg/kg	1	0.123	0.981	PP01
	mg/kg	1	0.123	0.981	PP01
	mg/kg	1	0.491	0.981	PP01
B	mg/kg	1	0.981	2.94	PP01
	mg/kg	1	11.8	24.5	PP01
	mg/kg	1	0.245	0.491	PP01
	mg/kg	1	0.491	1.96	PP01
	mg/kg	1	24.5	49.1	PP01
J	mg/kg	1	0.245	1.96	PP01
J	mg/kg	1	4.91	24.5	PP01
	mg/kg	1	0.245	0.491	PP01
	mg/kg	1	0.491	0.981	PP01
	mg/kg	100	981	1960	PP01
U	mg/kg	1	0.489	0.979	PP01
	mg/kg	1	0.0979	0.489	PP01
	mg/kg	1	0.0122	0.489	PP01
U	mg/kg	1	0.0489	0.489	PP01
	mg/kg	1	4.89	9.79	PP01
	mg/kg	1	0.122	0.979	PP01

	mg/kg	1	0.122	0.979	PP01
	mg/kg	1	0.489	0.979	PP01
B	mg/kg	1	0.979	2.94	PP01
	mg/kg	1	11.7	24.5	PP01
	mg/kg	1	0.245	0.489	PP01
	mg/kg	1	0.489	1.96	PP01
	mg/kg	1	24.5	48.9	PP01
U	mg/kg	1	0.245	1.96	PP01
J	mg/kg	1	4.89	24.5	PP01
	mg/kg	1	0.245	0.489	PP01
	mg/kg	1	0.489	0.979	PP01
	mg/kg	20	196	391	PP01
U	mg/kg	1	0.482	0.964	PP01
	mg/kg	1	0.0964	0.482	PP01
	mg/kg	1	0.0121	0.482	PP01
U	mg/kg	1	0.0482	0.482	PP01
	mg/kg	1	4.82	9.64	PP01
	mg/kg	1	0.121	0.964	PP01
	mg/kg	1	0.121	0.964	PP01
	mg/kg	1	0.482	0.964	PP01
B	mg/kg	1	0.964	2.89	PP01
	mg/kg	1	11.6	24.1	PP01
	mg/kg	1	0.241	0.482	PP01
	mg/kg	1	0.482	1.93	PP01
	mg/kg	1	24.1	48.2	PP01
U	mg/kg	1	0.241	1.93	PP01
J	mg/kg	1	4.82	24.1	PP01
	mg/kg	1	0.241	0.482	PP01
	mg/kg	1	0.482	0.964	PP01
	mg/kg	20	193	386	PP01
U	mg/kg	1	0.437	0.874	PP01
	mg/kg	1	0.0874	0.437	PP01
	mg/kg	1	0.0109	0.437	PP01
J	mg/kg	1	0.0437	0.437	PP01
	mg/kg	1	4.37	8.74	PP01
	mg/kg	1	0.109	0.874	PP01
	mg/kg	1	0.109	0.874	PP01
	mg/kg	1	0.437	0.874	PP01
B	mg/kg	1	0.874	2.62	PP01
	mg/kg	1	10.5	21.8	PP01
	mg/kg	1	0.218	0.437	PP01
	mg/kg	1	0.437	1.75	PP01
	mg/kg	1	21.8	43.7	PP01
U	mg/kg	1	0.218	1.75	PP01
J	mg/kg	1	4.37	21.8	PP01
	mg/kg	1	0.218	0.437	PP01
	mg/kg	1	0.437	0.874	PP01
	mg/kg	100	874	1750	PP01
U	mg/kg	1	10.5	21.1	PP01
U	mg/kg	1	10.5	21.1	PP01
U	mg/kg	1	10.5	21.1	PP01
U	mg/kg	1	10.5	21.1	PP01

	mg/kg	1	10.5	21.1	PP01
U	mg/kg	1	10.5	21.1	PP01
U	mg/kg	1	10.5	21.1	PP01
U	mg/kg	1	10.3	20.7	PP01
U	mg/kg	1	10.3	20.7	PP01
U	mg/kg	1	10.3	20.7	PP01
U	mg/kg	1	10.3	20.7	PP01
U	mg/kg	1	10.3	20.7	PP01
U	mg/kg	1	10.3	20.7	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
U	mg/kg	1	10.3	20.6	PP01
	UNITS	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
UJ	ug/kg	1	0.407	2.03	PP01
UJ	ug/kg	1	0.407	2.03	PP01
UJ	ug/kg	1	0.407	2.03	PP01

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U	ug/kg	1	0.411	4.11	PP01
U	ug/kg	1	0.411	4.11	PP01
U	ug/kg	1	0.822	4.11	PP01
U	ug/kg	1	0.411	4.11	PP01
U	ug/kg	1	0.411	4.11	PP01
J	ug/kg	1	3.5	7.00	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.700	3.50	PP01
U	ug/kg	1	1.75	7.00	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.700	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	1.4	3.50	PP01
U	ug/kg	1	0.700	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	1.75	7.00	PP01
U	ug/kg	1	1.75	7.00	PP01
U	ug/kg	1	0.700	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.700	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
U	ug/kg	1	0.350	3.50	PP01
J	ug/kg	1	2.77	5.54	PP01
U	ug/kg	1	0.277	2.77	PP01
U	ug/kg	1	0.277	2.77	PP01
U	ug/kg	1	0.277	2.77	PP01
U	ug/kg	1	0.554	2.77	PP01
U	ug/kg	1	1.39	5.54	PP01
U	ug/kg	1	0.277	2.77	PP01
U	ug/kg	1	0.277	2.77	PP01
U	ug/kg	1	0.277	2.77	PP01
U	ug/kg	1	0.277	2.77	PP01
U	ug/kg	1	0.554	2.77	PP01
U	ug/kg	1	0.277	2.77	PP01

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	ug/kg	1	512	1020	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	205	410	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	512	1020	PP01
Q	ug/kg	1	512	1020	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	512	1020	PP01
U	ug/kg	1	512	1020	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
Q	ug/kg	1	410	6210	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
Q	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
Q	ug/kg	1	102	205	PP01
U	ug/kg	1	512	1020	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	102	205	PP01
U	ug/kg	1	105	211	PP01

[illegible]

[illegible]

UJ	ug/kg	1	0.419	2.10	PP01
UJ	ug/kg	1	0.419	2.10	PP01
UJ	ug/kg	1	0.419	2.10	PP01
UJ	ug/kg	1	0.419	2.10	PP01
UJ	ug/kg	1	0.419	2.10	PP01
UJ	ug/kg	1	21.2	41.9	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	21.2	41.8	PP01
U	mg/kg	1	10.1	20.2	PP01
U	mg/kg	1	10.1	20.2	PP01
U	mg/kg	1	10.1	20.2	PP01
U	mg/kg	1	10.1	20.2	PP01
U	mg/kg	1	10.1	20.2	PP01
U	mg/kg	1	10.1	20.2	PP01
U	mg/kg	1	10.1	20.2	PP01
U	mg/kg	1	10.5	21.0	PP01
U	mg/kg	1	10.5	21.0	PP01
U	mg/kg	1	10.5	21.0	PP01
U	mg/kg	1	10.5	21.0	PP01
U	mg/kg	1	10.5	21.0	PP01
U	mg/kg	1	10.5	21.0	PP01
U	mg/kg	1	10.5	21.0	PP01
U	mg/kg	1	10.5	20.9	PP01
U	mg/kg	1	10.5	20.9	PP01
U	mg/kg	1	10.5	20.9	PP01
U	mg/kg	1	10.5	20.9	PP01
U	mg/kg	1	10.5	20.9	PP01
U	mg/kg	1	10.5	20.9	PP01
U	mg/kg	1	10.5	20.9	PP01
U	mg/kg	1	0.186	0.373	PP01
	mg/kg	1	0.124	0.248	PP01
	mg/kg	1	0.124	0.248	PP01
	mg/kg	1	0.0248	0.0497	PP01

U	mg/kg	1	0.190	0.381	PP01
	mg/kg	1	0.127	0.254	PP01
	mg/kg	1	0.127	0.254	PP01
	mg/kg	1	0.0254	0.0507	PP01
	mg/kg	1	0.192	0.384	PP01
	mg/kg	1	0.128	0.256	PP01
	mg/kg	1	0.128	0.256	PP01
	mg/kg	1	0.0256	0.0513	PP01
	mg/kg	1	0.475	0.949	PP01
	mg/kg	1	0.0949	0.475	PP01
	mg/kg	1	0.0119	0.475	PP01
	mg/kg	1	0.0475	0.475	PP01
	mg/kg	1	4.75	9.49	PP01
	mg/kg	1	0.119	0.949	PP01
	mg/kg	1	11.4	23.7	PP01
	mg/kg	1	23.7	47.5	PP01
U	mg/kg	1	0.237	1.90	PP01
	mg/kg	1	4.75	23.7	PP01
	mg/kg	1	0.475	0.949	PP01
	mg/kg	200	1900	3800	PP02
B	mg/kg	200	190	570	PP02
	mg/kg	5	0.593	4.75	PP03
	mg/kg	5	1.19	2.37	PP03
	mg/kg	5	2.37	9.49	PP03
U	mg/kg	5	1.19	2.37	PP03
	mg/kg	100	908	1820	PP01
	mg/kg	100	22.7	45.4	PP01
	mg/kg	1	0.454	0.908	PP01
	mg/kg	1	0.0908	0.454	PP01
	mg/kg	1	0.0113	0.454	PP01
	mg/kg	1	0.0454	0.454	PP01
	mg/kg	1	4.54	9.08	PP01
	mg/kg	1	0.113	0.908	PP01
	mg/kg	1	10.9	22.7	PP01
	mg/kg	1	22.7	45.4	PP01
	mg/kg	1	0.227	1.82	PP01
	mg/kg	1	4.54	22.7	PP01
	mg/kg	1	0.454	0.908	PP01
	mg/kg	200	182	545	PP02
U	mg/kg	5	0.567	4.54	PP03
	mg/kg	5	2.27	9.08	PP03
	mg/kg	5	1.13	2.27	PP03
	mg/kg	100	957	1910	PP01
	mg/kg	100	23.9	47.8	PP01
	mg/kg	1	0.478	0.957	PP01
	mg/kg	1	0.0957	0.478	PP01
	mg/kg	1	0.0120	0.478	PP01
	mg/kg	1	0.0478	0.478	PP01
	mg/kg	1	4.78	9.57	PP01
	mg/kg	1	0.120	0.957	PP01
	mg/kg	1	11.5	23.9	PP01
	mg/kg	1	0.478	1.91	PP01

[illegible]

U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP02
	UNITS	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
	UNITS	1	NA	NA	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	20.7	40.9	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	0.417	2.08	PP01
U	ug/kg	1	21.1	41.7	PP01
U	ug/kg	1	0.420	2.10	PP01
U	ug/kg	1	0.420	2.10	PP01

[illegible]

[illegible]

[illegible]

[illegible]

UJ	ug/kg	1	107	214	PP01
UJ	ug/kg	1	107	214	PP01
UJ	ug/kg	1	107	214	PP01
UJ	ug/kg	1	107	214	PP01
UJ	ug/kg	1	107	214	PP01
UJ	ug/kg	1	534	1070	PP01
UJ	ug/kg	1	107	214	PP01
UJ	ug/kg	1	107	214	PP01
UJ	ug/kg	1	107	214	PP01
UJ	mg/kg	1	9.08	18.2	PP01
UJ	mg/kg	1	8.84	17.7	PP01
	mg/kg	1	9.14	18.3	PP01
J	mg/kg	1	8.97	17.9	PP01
U	mg/kg	1	8.76	17.5	PP01
U	mg/kg	1	9.18	18.4	PP01
	mg/kg	1	9.02	18.0	PP01
	mg/kg	1	9.12	18.2	PP01
	mg/kg	1	9.41	18.8	PP01
U	mg/kg	1	8.93	17.9	PP01
	mg/kg	1	8.94	17.9	PP01
	mg/kg	1	8.47	16.9	PP01
J	mg/kg	1	8.40	16.8	PP01
	mg/kg	1	8.95	17.9	PP01
	mg/kg	1	9.24	18.5	PP01
	mg/kg	1	9.11	18.2	PP01
	mg/kg	1	8.90	17.8	PP01
	mg/kg	1	9.09	18.2	PP01
UJ	ug/kg	1	0.363	1.82	PP01
UJ	ug/kg	1	0.363	3.63	PP01
UJ	ug/kg	1	0.354	1.77	PP01
UJ	ug/kg	1	0.354	3.54	PP01
UJ	ug/kg	1	0.365	1.83	PP01
UJ	ug/kg	1	0.365	3.65	PP01
UJ	ug/kg	1	0.359	1.79	PP01
UJ	ug/kg	1	0.359	3.59	PP01
UJ	ug/kg	1	0.350	1.75	PP01
UJ	ug/kg	1	0.350	3.50	PP01
UJ	ug/kg	1	0.367	1.84	PP01
UJ	ug/kg	1	0.367	3.67	PP01
UJ	ug/kg	1	0.361	1.80	PP01
UJ	ug/kg	1	0.361	3.61	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	3.65	PP01
UJ	ug/kg	1	0.376	1.88	PP01
UJ	ug/kg	1	0.376	3.76	PP01
UJ	ug/kg	1	0.357	1.79	PP01
UJ	ug/kg	1	0.357	3.57	PP01
UJ	ug/kg	1	0.358	1.79	PP01
UJ	ug/kg	1	0.358	3.58	PP01
UJ	ug/kg	1	0.339	1.69	PP01
UJ	ug/kg	1	0.339	3.39	PP01
UJ	ug/kg	1	0.336	1.68	PP01

UJ	ug/kg	1	0.336	3.36	PP01
UJ	ug/kg	1	0.358	1.79	PP01
UJ	ug/kg	1	0.358	3.58	PP01
UJ	ug/kg	1	0.370	1.85	PP01
UJ	ug/kg	1	0.370	3.70	PP01
UJ	ug/kg	1	0.364	1.82	PP01
UJ	ug/kg	1	0.364	3.64	PP01
U	ug/kg	1	0.356	1.78	PP01
U	ug/kg	1	0.356	3.56	PP01
UJ	ug/kg	1	0.364	1.82	PP01
UJ	ug/kg	1	0.364	3.64	PP01
	mg/kg	1	0.424	4.24	PP01
	mg/kg	1	0.411	4.11	PP01
	mg/kg	1	0.426	4.26	PP01
	mg/kg	1	0.404	4.04	PP01
	mg/kg	1	0.404	4.04	PP01
	mg/kg	1	0.422	4.22	PP01
	mg/kg	1	0.388	3.88	PP01
	mg/kg	1	0.425	4.25	PP01
	mg/kg	1	0.430	4.30	PP01
	mg/kg	1	0.395	3.95	PP01
	mg/kg	1	0.385	3.85	PP01
	mg/kg	1	0.374	3.74	PP01
	mg/kg	1	0.395	3.95	PP01
	mg/kg	1	0.382	3.82	PP01
	mg/kg	1	0.423	4.23	PP01
	mg/kg	1	0.415	4.15	PP01
	mg/kg	1	0.396	3.96	PP01
	mg/kg	1	0.399	3.99	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0983	0.246	PP01
J	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01

[illegible]

U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.101	0.251	PP01
U	mg/kg	1	0.0991	0.248	PP01
J	mg/kg	1	0.0991	0.248	PP01

[illegible]

[illegible]

J	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
J	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
J	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
J	mg/kg	1	0.0995	0.249	PP01
J	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
J	mg/kg	1	0.0995	0.249	PP01
J	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0981	0.245	PP01
J	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
J	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
J	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01

U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
J	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	9.15	18.3	PP01
U	mg/kg	1	8.95	17.9	PP01
UJ	ug/kg	1	0.388	1.94	PP01
UJ	ug/kg	1	0.388	3.88	PP01
UJ	ug/kg	1	0.396	1.98	PP01
UJ	ug/kg	1	0.396	3.96	PP01
	mg/kg	1	0.451	4.51	PP01
	mg/kg	1	0.386	3.86	PP01
	mg/kg	1	0.424	4.24	PP01
	mg/kg	1	0.413	4.13	PP01
	mg/kg	1	0.467	4.67	PP01
	mg/kg	1	0.430	4.30	PP01
	mg/kg	1	0.484	4.84	PP01
	mg/kg	1	0.372	3.72	PP01
	mg/kg	1	0.414	4.14	PP01
	mg/kg	2	0.865	8.65	PP01
	mg/kg	1	0.389	3.89	PP01
	mg/kg	1	0.383	3.83	PP01
	mg/kg	1	0.506	5.06	PP01
	mg/kg	1	0.398	3.98	PP01
	mg/kg	1	0.366	3.66	PP01
	mg/kg	1	0.387	3.87	PP01
	mg/kg	1	0.470	4.70	PP01
	mg/kg	1	0.388	3.88	PP01
	mg/kg	1	0.414	4.14	PP01
	mg/kg	1	11.6	23.1	PP01
	mg/kg	1	11.6	23.1	PP01
J	mg/kg	1	9.92	19.8	PP01
	mg/kg	1	9.92	19.8	PP01
J	mg/kg	1	10.9	21.8	PP01
J	mg/kg	1	10.9	21.8	PP01
	mg/kg	1	9.73	19.5	PP01
	mg/kg	1	9.73	19.5	PP01
J	mg/kg	1	10.5	21.0	PP01
	mg/kg	1	10.5	21.0	PP01
U	mg/kg	1	9.37	18.7	PP01
U	mg/kg	1	10.8	21.6	PP01
U	mg/kg	1	9.09	18.2	PP01

U	mg/kg	1	9.31	18.6	PP01
U	mg/kg	1	9.22	18.4	PP01
U	mg/kg	1	9.42	18.8	PP01
U	mg/kg	1	8.86	17.7	PP01
U	mg/kg	1	11.0	22.0	PP01
U	mg/kg	1	9.28	18.6	PP01
U	mg/kg	1	8.84	17.7	PP01
U	mg/kg	1	8.82	17.6	PP01
U	mg/kg	1	11.3	22.6	PP01
U	mg/kg	1	8.58	17.2	PP01
U	mg/kg	1	9.18	18.4	PP01
UJ	ug/kg	5	2.31	11.6	PP01
UJ	ug/kg	5	2.31	23.1	PP01
UJ	ug/kg	1	0.397	1.98	PP01
UJ	ug/kg	1	0.397	3.97	PP01
UJ	ug/kg	5	2.18	10.9	PP01
UJ	ug/kg	5	2.18	21.8	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	3.89	PP01
UJ	ug/kg	1	0.421	2.10	PP01
UJ	ug/kg	1	0.421	4.21	PP01
UJ	ug/kg	1	0.375	1.87	PP01
UJ	ug/kg	1	0.375	3.75	PP01
UJ	ug/kg	1	0.432	2.16	PP01
UJ	ug/kg	1	0.432	4.32	PP01
U	ug/kg	1	0.363	1.82	PP01
U	ug/kg	1	0.363	3.63	PP01
UJ	ug/kg	1	0.372	1.86	PP01
UJ	ug/kg	1	0.372	3.72	PP01
UJ	ug/kg	1	0.369	1.84	PP01
UJ	ug/kg	1	0.369	3.69	PP01
UJ	ug/kg	1	0.377	1.88	PP01
UJ	ug/kg	1	0.377	3.77	PP01
UJ	ug/kg	1	0.354	1.77	PP01
UJ	ug/kg	1	0.354	3.54	PP01
UJ	ug/kg	1	0.439	2.20	PP01
UJ	ug/kg	1	0.439	4.39	PP01
U	ug/kg	1	0.371	1.86	PP01
U	ug/kg	1	0.371	3.71	PP01
UJ	ug/kg	1	0.354	1.77	PP01
UJ	ug/kg	1	0.354	3.54	PP01
U	ug/kg	1	0.353	1.76	PP01
U	ug/kg	1	0.353	3.53	PP01
UJ	ug/kg	1	0.452	2.26	PP01
UJ	ug/kg	1	0.452	4.52	PP01
UJ	ug/kg	1	0.343	1.72	PP01
UJ	ug/kg	1	0.343	3.43	PP01
UJ	ug/kg	1	0.367	1.84	PP01
UJ	ug/kg	1	0.367	3.67	PP01
U	mg/kg	1	0.0983	0.246	PP01
	mg/kg	1	0.0983	0.246	PP01
J	mg/kg	1	0.0983	0.246	PP01

	mg/kg	1	0.0983	0.246	PP01
J	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
J	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
	mg/kg	1	0.0983	0.246	PP01
J	mg/kg	1	0.0983	0.246	PP01
	mg/kg	1	0.0983	0.246	PP01
J	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
J	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
J	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
J	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
	mg/kg	1	0.0982	0.246	PP01
	mg/kg	1	0.0982	0.246	PP01
	mg/kg	1	0.0982	0.246	PP01
J	mg/kg	1	0.0982	0.246	PP01
	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
J	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	10	0.982	2.46	PP01
J	mg/kg	10	0.982	2.46	PP01
U	mg/kg	10	0.982	2.46	PP01
	mg/kg	10	0.982	2.46	PP01
J	mg/kg	10	0.982	2.46	PP01
U	mg/kg	10	0.982	2.46	PP01
U	mg/kg	10	0.982	2.46	PP01

	mg/kg	10	0.982	2.46	PP01
U	mg/kg	10	0.982	2.46	PP01
	mg/kg	10	0.982	2.46	PP01
U	mg/kg	1	0.0982	0.246	PP01
	mg/kg	1	0.0982	0.246	PP01
	mg/kg	1	0.0982	0.246	PP01
J	mg/kg	1	0.0982	0.246	PP01
	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	10	0.982	2.46	PP01
J	mg/kg	10	0.982	2.46	PP01
U	mg/kg	10	0.982	2.46	PP01
	mg/kg	10	0.982	2.46	PP01
	mg/kg	10	0.982	2.46	PP01
U	mg/kg	10	0.982	2.46	PP01
U	mg/kg	10	0.982	2.46	PP01
J	mg/kg	10	0.982	2.46	PP01
U	mg/kg	10	0.982	2.46	PP01
U	mg/kg	1	0.0988	0.247	PP01
J	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0980	0.245	PP01
	mg/kg	1	0.0980	0.245	PP01
U	mg/kg	1	0.0980	0.245	PP01
	mg/kg	1	0.0980	0.245	PP01
J	mg/kg	1	0.0980	0.245	PP01
U	mg/kg	1	0.0980	0.245	PP01
U	mg/kg	1	0.0980	0.245	PP01
J	mg/kg	1	0.0980	0.245	PP01
U	mg/kg	1	0.0980	0.245	PP01
	mg/kg	1	0.0980	0.245	PP01
U	mg/kg	1	0.0980	0.245	PP01
	mg/kg	1	0.0980	0.245	PP01

[illegible]

[illegible]

[illegible]

U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
	mg/kg	1	0.383	3.83	PP01
	mg/kg	1	0.459	4.59	PP01
	mg/kg	1	0.377	3.77	PP01
	mg/kg	1	0.399	3.99	PP01
	mg/kg	1	0.436	4.36	PP01
	mg/kg	1	0.380	3.80	PP01
	mg/kg	1	0.469	4.69	PP01
	mg/kg	1	0.376	3.76	PP01
	mg/kg	1	0.367	3.67	PP01
	mg/kg	1	0.400	4.00	PP01
	mg/kg	1	0.380	3.80	PP01
	mg/kg	1	0.481	4.81	PP01
	mg/kg	1	0.459	4.59	PP01
	mg/kg	1	0.412	4.12	PP01
	mg/kg	1	0.385	3.85	PP01
	mg/kg	1	0.419	4.19	PP01
	mg/kg	1	0.430	4.30	PP01
	mg/kg	1	0.402	4.02	PP01
	mg/kg	1	0.420	4.20	PP01
	mg/kg	1	0.376	3.76	PP01
	mg/kg	1	0.376	3.76	PP01
	mg/kg	1	0.376	3.76	PP01
UJ	ug/kg	1	0.362	1.81	PP01
UJ	ug/kg	1	0.362	3.62	PP01
U	ug/kg	10	4.27	21.4	PP01
U	ug/kg	10	4.27	42.7	PP01
UJ	ug/kg	1	0.342	1.71	PP01
UJ	ug/kg	1	0.342	3.42	PP01
UJ	ug/kg	1	0.366	1.83	PP01
UJ	ug/kg	1	0.366	3.66	PP01
U	ug/kg	100	39.0	195	PP01
U	ug/kg	100	39.0	390	PP01
UJ	ug/kg	10	3.53	17.6	PP01
UJ	ug/kg	10	3.53	35.3	PP01

UJ	ug/kg	10	4.34	21.7	PP01
UJ	ug/kg	10	4.34	43.4	PP01
UJ	ug/kg	1	0.359	1.79	PP01
UJ	ug/kg	1	0.359	3.59	PP01
UJ	ug/kg	1	0.358	1.79	PP01
UJ	ug/kg	1	0.358	3.58	PP01
UJ	ug/kg	1	0.349	1.75	PP01
UJ	ug/kg	1	0.349	3.49	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	3.65	PP01
UJ	ug/kg	1	0.416	2.08	PP01
UJ	ug/kg	1	0.416	4.16	PP01
UJ	ug/kg	1	0.430	2.15	PP01
UJ	ug/kg	1	0.430	4.30	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	3.65	PP01
UJ	ug/kg	1	0.357	1.79	PP01
UJ	ug/kg	1	0.357	3.57	PP01
U	ug/kg	1	0.365	1.82	PP01
U	ug/kg	1	0.365	3.65	PP01
UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	0.373	3.73	PP01
UJ	ug/kg	1	0.375	1.88	PP01
UJ	ug/kg	1	0.375	3.75	PP01
U	ug/kg	1	0.362	1.81	PP01
U	ug/kg	1	0.362	3.62	PP01
UJ	ug/kg	1	0.357	1.79	PP01
UJ	ug/kg	1	0.357	3.57	PP01
	ug/kg	1	0.357	1.79	PP01
	ug/kg	1	0.357	3.57	PP01
J	ug/kg	1	0.360	1.80	PP01
J	ug/kg	1	0.360	3.60	PP01
U	mg/kg	1	9.05	18.1	PP01
	mg/kg	1	10.7	21.4	PP01
	mg/kg	1	10.7	21.4	PP01
	mg/kg	1	8.54	17.1	PP01
	mg/kg	1	8.54	17.1	PP01
J	mg/kg	1	9.15	18.3	PP01
	mg/kg	1	9.15	18.3	PP01
J	mg/kg	1	9.74	19.5	PP01
	mg/kg	10	97.4	195	PP01
	mg/kg	10	97.4	195	PP01
	mg/kg	1	8.82	17.6	PP01
	mg/kg	1	8.82	17.6	PP01
	mg/kg	1	10.8	21.7	PP01
	mg/kg	1	10.8	21.7	PP01
U	mg/kg	1	8.97	17.9	PP01
U	mg/kg	1	8.96	17.9	PP01
U	mg/kg	1	8.73	17.5	PP01
U	mg/kg	1	9.12	18.2	PP01
U	mg/kg	1	10.4	20.8	PP01
U	mg/kg	1	10.7	21.5	PP01

U	mg/kg	1	9.12	18.2	PP01
U	mg/kg	1	8.94	17.9	PP01
U	mg/kg	1	9.12	18.2	PP01
U	mg/kg	1	9.32	18.6	PP01
U	mg/kg	1	9.38	18.8	PP01
U	mg/kg	1	9.04	18.1	PP01
U	mg/kg	1	8.93	17.9	PP01
	mg/kg	1	9.02	18.0	PP01
	mg/kg	1	8.95	17.9	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
J	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
J	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
J	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
J	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01

U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.101	0.253	PP01
U	mg/kg	1	0.101	0.253	PP01
U	mg/kg	1	0.101	0.253	PP01
U	mg/kg	1	0.101	0.253	PP01
U	mg/kg	1	0.101	0.253	PP01
U	mg/kg	1	0.101	0.253	PP01
U	mg/kg	1	0.101	0.253	PP01
U	mg/kg	1	0.101	0.253	PP01
U	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
UJ	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
UJ	mg/kg	5	0.502	1.26	PP01
UJ	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
UJ	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
U	mg/kg	25	2.51	6.28	PP02
	mg/kg	25	2.51	6.28	PP02
U	mg/kg	25	2.51	6.28	PP02
	mg/kg	25	2.51	6.28	PP02
U	mg/kg	25	2.51	6.28	PP02
U	mg/kg	25	2.51	6.28	PP02
U	mg/kg	25	2.51	6.28	PP02
U	mg/kg	25	2.51	6.28	PP02
U	mg/kg	25	2.51	6.28	PP02
UJ	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
UJ	mg/kg	1	0.100	0.251	PP01

J	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
UJ	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
UJ	mg/kg	5	0.502	1.26	PP01
UJ	mg/kg	5	0.502	1.26	PP01
J	mg/kg	5	0.502	1.26	PP01
U	mg/kg	5	0.502	1.26	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01
U	mg/kg	1	0.0991	0.248	PP01

[illegible]

[illegible]

U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0982	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
M	mg/kg	1	0.0984	0.246	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.373	3.73	PP01
	mg/kg	1	0.388	3.88	PP01
	mg/kg	1	0.362	3.62	PP01
	mg/kg	1	0.390	3.90	PP01
	mg/kg	1	0.415	4.15	PP01
	mg/kg	1	0.424	4.24	PP01
	mg/kg	1	0.423	4.23	PP01
	mg/kg	1	0.379	3.79	PP01
	mg/kg	1	0.446	4.46	PP01

	mg/kg	1	0.449	4.49	PP01
	mg/kg	1	0.428	4.28	PP01
	mg/kg	1	0.446	4.46	PP01
	mg/kg	1	0.481	4.81	PP01
	mg/kg	1	0.417	4.17	PP01
	mg/kg	1	0.488	4.88	PP01
	mg/kg	1	0.469	4.69	PP01
	mg/kg	1	0.407	4.07	PP01
	mg/kg	1	0.419	4.19	PP01
	mg/kg	1	0.413	4.13	PP01
	mg/kg	1	9.11	18.2	PP01
	mg/kg	1	9.11	18.2	PP01
	mg/kg	1	9.07	18.1	PP01
	mg/kg	1	9.07	18.1	PP01
U	mg/kg	1	8.72	17.4	PP01
U	mg/kg	1	8.89	17.8	PP01
	mg/kg	1	9.00	18.0	PP01
	mg/kg	1	9.00	18.0	PP01
U	mg/kg	1	9.41	18.8	PP01
	mg/kg	1	9.12	18.2	PP01
	mg/kg	1	9.12	18.2	PP01
U	mg/kg	1	8.93	17.9	PP01
U	mg/kg	1	11.4	22.8	PP01
U	mg/kg	1	10.8	21.5	PP01
U	mg/kg	1	9.43	18.9	PP01
U	mg/kg	1	9.83	19.7	PP01
U	mg/kg	1	11.1	22.2	PP01
J	mg/kg	1	9.34	18.7	PP01
	mg/kg	1	9.34	18.7	PP01
	mg/kg	1	10.6	21.2	PP01
	mg/kg	1	10.6	21.2	PP01
U	mg/kg	1	9.87	19.7	PP01
	mg/kg	1	9.20	18.4	PP01
	mg/kg	1	9.20	18.4	PP01
U	mg/kg	1	9.01	18.0	PP01
U	mg/kg	1	8.92	17.8	PP01
UJ	ug/kg	1	0.364	1.82	PP01
UJ	ug/kg	1	0.364	3.64	PP01
UJ	ug/kg	1	0.363	1.81	PP01
UJ	ug/kg	1	0.363	3.63	PP01
UJ	ug/kg	1	0.349	1.74	PP01
UJ	ug/kg	1	0.349	3.49	PP01
UJ	ug/kg	1	0.355	1.78	PP01
UJ	ug/kg	1	0.355	3.55	PP01
UJ	ug/kg	1	0.360	1.80	PP01
UJ	ug/kg	1	0.360	3.60	PP01
UJ	ug/kg	1	0.376	1.88	PP01
UJ	ug/kg	1	0.376	3.76	PP01
UJ	ug/kg	1	0.365	1.82	PP01
UJ	ug/kg	1	0.365	3.65	PP01
UJ	ug/kg	1	0.357	1.79	PP01
UJ	ug/kg	1	0.357	3.57	PP01

UJ	ug/kg	1	0.443	2.21	PP01
UJ	ug/kg	1	0.443	4.43	PP01
UJ	ug/kg	1	0.431	2.15	PP01
UJ	ug/kg	1	0.431	4.31	PP01
UJ	ug/kg	1	0.377	1.89	PP01
UJ	ug/kg	1	0.377	3.77	PP01
UJ	ug/kg	1	0.393	1.97	PP01
UJ	ug/kg	1	0.393	3.93	PP01
UJ	ug/kg	1	0.444	2.22	PP01
UJ	ug/kg	1	0.444	4.44	PP01
UJ	ug/kg	1	0.374	1.87	PP01
UJ	ug/kg	1	0.374	3.74	PP01
UJ	ug/kg	1	0.424	2.12	PP01
UJ	ug/kg	1	0.424	4.24	PP01
UJ	ug/kg	1	0.395	1.97	PP01
UJ	ug/kg	1	0.395	3.95	PP01
UJ	ug/kg	1	0.368	1.84	PP01
UJ	ug/kg	1	0.368	3.68	PP01
UJ	ug/kg	1	0.360	1.80	PP01
UJ	ug/kg	1	0.360	3.60	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	3.57	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
	mg/kg	1	0.0985	0.246	PP01
	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
	mg/kg	1	0.0985	0.246	PP01
	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
J	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
J	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
	mg/kg	1	0.0984	0.246	PP01
	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01

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U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0998	0.250	PP01
	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
J	mg/kg	1	0.0998	0.250	PP01
UJ	mg/kg	1	0.0998	0.250	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01

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U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
J	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
UJ	mg/kg	5	0.495	1.24	PP01
J	mg/kg	5	0.495	1.24	PP01
J	mg/kg	5	0.495	1.24	PP01
J	mg/kg	5	0.495	1.24	PP01
UJ	mg/kg	5	0.495	1.24	PP01
UJ	mg/kg	5	0.495	1.24	PP01
UJ	mg/kg	5	0.495	1.24	PP01
UJ	mg/kg	5	0.495	1.24	PP01
UJ	mg/kg	5	0.495	1.24	PP01
J	mg/kg	5	0.495	1.24	PP01
UJ	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
UJ	mg/kg	1	0.0989	0.247	PP01
UJ	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
J	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0983	0.246	PP01

U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
U	mg/kg	1	0.0983	0.246	PP01
	mg/kg	1	0.406	4.06	PP01
	mg/kg	1	0.395	3.95	PP01
	mg/kg	1	0.425	4.25	PP01
	mg/kg	1	0.472	4.72	PP01
	mg/kg	1	0.431	4.31	PP01
	mg/kg	1	0.402	4.02	PP01
	mg/kg	1	0.429	4.29	PP01
	mg/kg	1	0.433	4.33	PP01
	mg/kg	1	0.423	4.23	PP01
	mg/kg	1	0.358	3.58	PP01
	mg/kg	1	0.390	3.90	PP01
	mg/kg	1	0.418	4.18	PP01
J	mg/kg	1	9.31	18.6	PP01
	mg/kg	1	9.31	18.6	PP01
U	mg/kg	1	9.19	18.4	PP01
U	mg/kg	1	9.21	18.4	PP01
U	mg/kg	1	10.4	20.9	PP01
U	mg/kg	1	9.13	18.3	PP01
U	mg/kg	1	9.26	18.5	PP01
U	mg/kg	1	9.49	19.0	PP01
J	mg/kg	1	9.36	18.7	PP01
	mg/kg	1	9.36	18.7	PP01
U	mg/kg	1	9.34	18.7	PP01
J	mg/kg	1	8.40	16.8	PP01
	mg/kg	1	8.40	16.8	PP01
	mg/kg	1	8.86	17.7	PP01
	mg/kg	1	8.86	17.7	PP01
U	mg/kg	1	8.90	17.8	PP01
UJ	ug/kg	1	0.372	1.86	PP01
UJ	ug/kg	1	0.372	3.72	PP01
UJ	ug/kg	1	0.368	1.84	PP01
UJ	ug/kg	1	0.368	3.68	PP01
UM	ug/kg	1	0.368	1.84	PP01
UJ	ug/kg	1	0.368	3.68	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	4.18	PP01
UJ	ug/kg	1	0.365	1.83	PP01
UJ	ug/kg	1	0.365	3.65	PP01
UJ	ug/kg	1	0.371	1.85	PP01
UJ	ug/kg	1	0.371	3.71	PP01
UJ	ug/kg	1	0.380	1.90	PP01
UJ	ug/kg	1	0.380	3.80	PP01
UJ	ug/kg	1	0.375	1.87	PP01

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U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
J	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
J	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
M	mg/kg	1	0.0995	0.249	PP01
UJ	ug/kg	1	0.344	1.72	PP01
UJ	ug/kg	1	0.344	3.44	PP01
UJ	ug/kg	1	0.388	1.94	PP01
UJ	ug/kg	1	0.388	3.88	PP01
UJ	ug/kg	1	0.393	1.97	PP01
UJ	ug/kg	1	0.393	3.93	PP01
UJ	ug/kg	1	0.397	1.98	PP01
UJ	ug/kg	1	0.397	3.97	PP01
UJ	ug/kg	1	0.322	1.61	PP01
UJ	ug/kg	1	0.322	3.22	PP01
UJ	ug/kg	1	0.350	1.75	PP01
UJ	ug/kg	1	0.350	3.50	PP01
UJ	ug/kg	1	0.398	1.99	PP01
UJ	ug/kg	1	0.398	3.98	PP01
UJ	ug/kg	1	0.377	1.88	PP01
UJ	ug/kg	1	0.377	3.77	PP01
UJ	ug/kg	1	0.374	1.87	PP01
UJ	ug/kg	1	0.374	3.74	PP01
UJ	ug/kg	1	0.364	1.82	PP01
UJ	ug/kg	1	0.364	3.64	PP01
UJ	ug/kg	1	0.403	2.01	PP01

UJ	ug/kg	1	0.403	4.03	PP01
UJ	ug/kg	1	0.447	2.24	PP01
UJ	ug/kg	1	0.447	4.47	PP01
UJ	ug/kg	1	0.399	1.99	PP01
UJ	ug/kg	1	0.399	3.99	PP01
UJ	ug/kg	1	0.353	1.76	PP01
UJ	ug/kg	1	0.353	3.53	PP01
UJ	ug/kg	1	0.404	2.02	PP01
UJ	ug/kg	1	0.404	4.04	PP01
U	ug/kg	1	0.398	1.99	PP01
U	ug/kg	1	0.398	3.98	PP01
U	ug/kg	1	0.343	1.72	PP01
U	ug/kg	1	0.343	3.43	PP01
UJ	ug/kg	1	0.440	2.20	PP01
UJ	ug/kg	1	0.440	4.40	PP01
U	ug/kg	1	0.372	1.86	PP01
U	ug/kg	1	0.372	3.72	PP01
	mg/kg	1	0.367	3.67	PP01
	mg/kg	1	0.430	4.30	PP01
	mg/kg	1	0.376	3.76	PP01
	mg/kg	1	0.408	4.08	PP01
	mg/kg	1	0.389	3.89	PP01
	mg/kg	1	0.392	3.92	PP01
	mg/kg	1	0.430	4.30	PP01
	mg/kg	1	0.372	3.72	PP01
	mg/kg	1	0.443	4.43	PP01
	mg/kg	1	0.359	3.59	PP01
	mg/kg	1	0.442	4.42	PP01
	mg/kg	1	0.436	4.36	PP01
	mg/kg	1	0.416	4.16	PP01
	mg/kg	1	0.404	4.04	PP01
	mg/kg	1	0.435	4.35	PP01
	mg/kg	1	0.381	3.81	PP01
	mg/kg	1	0.367	3.67	PP01
	mg/kg	1	0.490	4.90	PP01
	mg/kg	1	0.382	3.82	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0984	0.246	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01

[illegible]

U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0987	0.247	PP01
	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
J	mg/kg	1	0.0987	0.247	PP01
	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
	mg/kg	50	4.94	12.3	PP01
U	mg/kg	1	0.0987	0.247	PP01
	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
J	mg/kg	1	0.0987	0.247	PP01
	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
	mg/kg	50	4.94	12.3	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
J	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	10	0.995	2.49	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
J	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
	mg/kg	10	0.995	2.49	PP01
U	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01

U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
J	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.100	0.251	PP01
U	mg/kg	1	0.101	0.252	PP01
J	mg/kg	1	0.101	0.252	PP01
	mg/kg	1	0.101	0.252	PP01
J	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
	mg/kg	10	1.01	2.52	PP01
	mg/kg	10	1.01	2.52	PP01
U	mg/kg	1	0.101	0.252	PP01
J	mg/kg	1	0.101	0.252	PP01
	mg/kg	1	0.101	0.252	PP01
J	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
	mg/kg	10	1.01	2.52	PP01
	mg/kg	10	1.01	2.52	PP01
U	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
J	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
	mg/kg	10	1.00	2.50	PP01
UJ	mg/kg	1	0.100	0.250	PP01
J	mg/kg	1	0.100	0.250	PP01
J	mg/kg	1	0.100	0.250	PP01
J	mg/kg	1	0.100	0.250	PP01
J	mg/kg	1	0.100	0.250	PP01
UJ	mg/kg	1	0.100	0.250	PP01
UJ	mg/kg	1	0.100	0.250	PP01

[illegible]

U	mg/kg	1	0.0987	0.247	PP01
J	mg/kg	1	0.0987	0.247	PP01
	mg/kg	1	0.0987	0.247	PP01
J	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
U	mg/kg	1	0.0987	0.247	PP01
	mg/kg	50	4.94	12.3	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.101	0.252	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
J	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
J	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0994	0.249	PP01
J	mg/kg	1	0.0994	0.249	PP01
	mg/kg	1	0.0994	0.249	PP01
J	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
	mg/kg	1	0.0994	0.249	PP01
	mg/kg	50	4.97	12.4	PP01
	mg/kg	50	4.97	12.4	PP01
U	mg/kg	1	0.0994	0.249	PP01

[illegible]

	mg/kg	1	0.0985	0.246	PP01
J	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
U	mg/kg	1	0.0985	0.246	PP01
	mg/kg	10	0.985	2.46	PP01
UJ	ug/kg	1	0.396	1.98	PP01
UJ	ug/kg	1	0.396	3.96	PP01
UJ	ug/kg	1	0.402	2.01	PP01
UJ	ug/kg	1	0.402	4.02	PP01
UJ	ug/kg	1	0.385	1.92	PP01
UJ	ug/kg	1	0.385	3.85	PP01
UJ	ug/kg	1	0.390	1.95	PP01
UJ	ug/kg	1	0.390	3.90	PP01
UJ	ug/kg	1	0.400	2.00	PP01
UJ	ug/kg	1	0.400	4.00	PP01
UJ	ug/L	1	25	50	PP01
UJ	ug/L	1	25	50	PP01
	mg/kg	1	0.406	4.06	PP01
	mg/kg	1	0.412	4.12	PP01
	mg/kg	1	0.418	4.18	PP01
	mg/kg	1	0.434	4.34	PP01
	mg/kg	1	0.402	4.02	PP01
	mg/kg	1	0.429	4.29	PP01
	mg/kg	1	0.408	4.08	PP01
	mg/kg	1	0.425	4.25	PP01
	mg/kg	1	0.410	4.10	PP01
	mg/kg	1	0.430	4.30	PP01
	mg/kg	1	0.444	4.44	PP01
	mg/kg	1	0.417	4.17	PP01
	mg/kg	1	0.399	3.99	PP01
	mg/kg	1	0.393	3.93	PP01
	mg/kg	1	0.423	4.23	PP01
	mg/kg	1	0.395	3.95	PP01
	mg/kg	1	0.416	4.16	PP01
	mg/kg	1	0.391	3.91	PP01
	mg/kg	1	0.417	4.17	PP01
	mg/kg	1	0.418	4.18	PP01
	mg/kg	1	0.412	4.12	PP01
	mg/kg	1	0.414	4.14	PP01
	mg/kg	1	0.422	4.22	PP01
	mg/kg	1	0.429	4.29	PP01
UJ	ug/kg	1	0.375	1.87	PP01
UJ	ug/kg	1	0.375	3.75	PP01
UJ	ug/kg	1	0.385	1.93	PP01
UJ	ug/kg	1	0.385	3.85	PP01
UJ	ug/kg	1	0.392	1.96	PP01
UJ	ug/kg	1	0.392	3.92	PP01
UJ	ug/kg	1	0.376	1.88	PP01
UJ	ug/kg	1	0.376	3.76	PP01

UJ	ug/kg	1	0.374	1.87	PP01
UJ	ug/kg	1	0.374	3.74	PP01
UJ	ug/kg	1	0.372	1.86	PP01
UJ	ug/kg	1	0.372	3.72	PP01
UJ	ug/kg	1	0.369	1.85	PP01
UJ	ug/kg	1	0.369	3.69	PP01
UJ	ug/kg	1	0.393	1.96	PP01
UJ	ug/kg	1	0.393	3.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	3.87	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	4.05	PP01
UJ	ug/kg	1	0.405	2.02	PP01
UJ	ug/kg	1	0.405	4.05	PP01
UJ	ug/kg	1	0.373	1.87	PP01
UJ	ug/kg	1	0.373	3.73	PP01
UJ	ug/kg	1	0.381	1.91	PP01
UJ	ug/kg	1	0.381	3.81	PP01
UJ	ug/kg	1	0.419	2.10	PP01
UJ	ug/kg	1	0.419	4.19	PP01
UJ	ug/kg	1	0.400	2.00	PP01
UJ	ug/kg	1	0.400	4.00	PP01
UJ	ug/kg	1	0.362	1.81	PP01
UJ	ug/kg	1	0.362	3.62	PP01
UJ	ug/kg	1	0.407	2.04	PP01
UJ	ug/kg	1	0.407	4.07	PP01
UJ	ug/kg	1	0.409	2.04	PP01
UJ	ug/kg	1	0.409	4.09	PP01
UJ	ug/kg	1	0.418	2.09	PP01
UJ	ug/kg	1	0.418	4.18	PP01
UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	0.373	3.73	PP01
UJ	ug/kg	1	0.399	1.99	PP01
UJ	ug/kg	1	0.399	3.99	PP01
UJ	ug/kg	1	0.384	1.92	PP01
UJ	ug/kg	1	0.384	3.84	PP01
UJ	ug/kg	1	0.423	2.11	PP01
UJ	ug/kg	1	0.423	4.23	PP01
UJ	ug/kg	1	0.397	1.99	PP01
UJ	ug/kg	1	0.397	3.97	PP01
U	mg/kg	1	9.34	18.7	PP01
U	mg/kg	1	9.31	18.6	PP01
U	mg/kg	1	9.23	18.5	PP01
U	mg/kg	1	9.82	19.6	PP01
U	mg/kg	1	9.66	19.3	PP01
U	mg/kg	1	10.1	20.2	PP01
U	mg/kg	1	10.1	20.2	PP01
J	mg/kg	1	9.33	18.7	PP01
	mg/kg	1	9.33	18.7	PP01
	mg/kg	1	9.54	19.1	PP01
	mg/kg	1	9.54	19.1	PP01
	mg/kg	1	10.5	21.0	PP01

[illegible]

[illegible]

[illegible]

J	mg/kg	1	0.0994	0.249	PP01
	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
	mg/kg	10	0.994	2.49	PP01
U	mg/kg	1	0.0979	0.245	PP01
	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
	mg/kg	1	0.0979	0.245	PP01
J	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
J	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
J	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
	mg/kg	1	0.0979	0.245	PP01
J	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
J	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0979	0.245	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
J	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
	mg/kg	1	0.0990	0.248	PP01
J	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01

[illegible]

U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0996	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.0994	0.249	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01
U	mg/kg	1	0.0981	0.245	PP01

[illegible]

U	mg/kg	1	9.76	19.5	PP01
U	mg/kg	1	9.6	19.2	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
J	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
J	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0973	0.243	PP01
J	mg/kg	1	0.0973	0.243	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.385	3.85	PP01
	mg/kg	1	0.406	4.06	PP01
	mg/kg	1	0.386	3.86	PP01
	mg/kg	1	0.395	3.95	PP01
	mg/kg	1	0.407	4.07	PP01
	mg/kg	1	0.416	4.16	PP01
	mg/kg	1	0.413	4.13	PP01
UJ	ug/kg	1	0.357	1.79	PP01
UJ	ug/kg	1	0.357	3.57	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	3.87	PP01
UJ	ug/kg	1	0.366	1.83	PP01
UJ	ug/kg	1	0.366	3.66	PP01
UJ	ug/kg	1	0.364	1.82	PP01
UJ	ug/kg	1	0.364	3.64	PP01
UJ	ug/kg	1	0.354	1.77	PP01
UJ	ug/kg	1	0.354	3.54	PP01

U	ug/kg	1	0.380	1.90	PP01
U	ug/kg	1	0.380	3.80	PP01
U	ug/kg	1	0.360	1.80	PP01
U	ug/kg	1	0.360	3.60	PP01
UJ	ug/kg	1	0.333	1.66	PP01
UJ	ug/kg	1	0.333	3.33	PP01
UJ	ug/kg	1	0.338	1.69	PP01
UJ	ug/kg	1	0.338	3.38	PP01
UJ	ug/kg	1	0.360	1.80	PP01
UJ	ug/kg	1	0.360	3.60	PP01
UJ	ug/kg	1	0.351	1.75	PP01
UJ	ug/kg	1	0.351	3.51	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0969	0.242	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0965	0.241	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0976	0.244	PP01
	mg/kg	1	0.0976	0.244	PP01
	mg/kg	1	0.0976	0.244	PP01
J	mg/kg	1	0.0976	0.244	PP01
	mg/kg	1	0.0976	0.244	PP01
U	mg/kg	1	0.0976	0.244	PP01
U	mg/kg	1	0.0976	0.244	PP01
	mg/kg	1	0.0976	0.244	PP01
U	mg/kg	1	0.0976	0.244	PP01
U	mg/kg	1	0.0976	0.244	PP01

	mg/kg	50	4.88	12.2	PP01
	mg/kg	1	0.0976	0.244	PP01
	mg/kg	1	0.0976	0.244	PP01
J	mg/kg	1	0.0976	0.244	PP01
	mg/kg	1	0.0976	0.244	PP01
	mg/kg	1	0.0976	0.244	PP01
	mg/kg	50	4.88	12.2	PP01
U	mg/kg	1	0.0992	0.248	PP01
	mg/kg	1	0.0992	0.248	PP01
J	mg/kg	1	0.0992	0.248	PP01
	mg/kg	1	0.0992	0.248	PP01
	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0992	0.248	PP01
	mg/kg	1	0.0992	0.248	PP01
J	mg/kg	1	0.0992	0.248	PP01
	mg/kg	1	0.0992	0.248	PP01
	mg/kg	1	0.0992	0.248	PP01
	mg/kg	1	0.0992	0.248	PP01
U	mg/kg	1	0.0986	0.247	PP01
	mg/kg	1	0.0986	0.247	PP01
	mg/kg	1	0.0986	0.247	PP01
J	mg/kg	1	0.0986	0.247	PP01
	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
U	mg/kg	1	0.0986	0.247	PP01
	mg/kg	5	0.493	1.23	PP01
	mg/kg	1	0.0986	0.247	PP01
	mg/kg	1	0.0986	0.247	PP01
J	mg/kg	1	0.0986	0.247	PP01
	mg/kg	1	0.0986	0.247	PP01
	mg/kg	1	0.0986	0.247	PP01
	mg/kg	5	0.493	1.23	PP01
UJ	mg/kg	1	0.0988	0.247	PP01
J	mg/kg	1	0.0988	0.247	PP01
J	mg/kg	1	0.0988	0.247	PP01
J	mg/kg	1	0.0988	0.247	PP01
J	mg/kg	1	0.0988	0.247	PP01
UJ	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
J	mg/kg	1	0.0988	0.247	PP01
U	mg/kg	1	0.0988	0.247	PP01
J	mg/kg	1	0.0988	0.247	PP01
	mg/kg	50	4.94	12.4	PP01
	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01

J	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01
	mg/kg	1	0.0988	0.247	PP01
	mg/kg	50	4.94	12.4	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0989	0.247	PP01
	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
J	mg/kg	1	0.0989	0.247	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0995	0.249	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.0993	0.248	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
U	mg/kg	1	0.100	0.250	PP01
	mg/kg	1	0.368	3.68	PP01
U	mg/kg	1	0.0999	0.250	PP01
M	mg/kg	1	0.0999	0.250	PP01
M	mg/kg	1	0.0999	0.250	PP01
J	mg/kg	1	0.0999	0.250	PP01

M	mg/kg	1	0.0999	0.250	PP01
UM	mg/kg	1	0.0999	0.250	PP01
UM	mg/kg	1	0.0999	0.250	PP01
M	mg/kg	1	0.0999	0.250	PP01
M	mg/kg	1	0.0999	0.250	PP01
U	mg/kg	1	0.0999	0.250	PP01
	mg/kg	10	0.999	2.50	PP01
	mg/kg	1	0.0999	0.250	PP01
	mg/kg	1	0.0999	0.250	PP01
J	mg/kg	1	0.0999	0.250	PP01
	mg/kg	1	0.0999	0.250	PP01
	mg/kg	1	0.0999	0.250	PP01
J	mg/kg	1	0.0999	0.250	PP01
	mg/kg	10	0.999	2.50	PP01
UJ	ug/kg	1	0.349	1.74	PP01
UJ	ug/kg	1	0.349	3.49	PP01
	mg/kg	1	0.409	4.09	PP01
U	mg/kg	1	9.41	18.8	PP01
UJ	ug/kg	1	0.376	1.88	PP01
UJ	ug/kg	1	0.376	3.76	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
U	mg/kg	1	0.0990	0.248	PP01
UJ	ug/kg	1	0.380	1.90	PP01
UJ	ug/kg	1	0.380	3.80	PP01
	mg/kg	1	0.428	4.28	PP01
UJ	mg/kg	1	9.23	18.5	PP01
U	ug/kg	1	0.369	1.85	PP01
U	ug/kg	1	0.369	3.69	PP01
U	mg/kg	1	0.0997	0.249	PP01
U	mg/kg	1	0.0997	0.249	PP01
U	mg/kg	1	0.0997	0.249	PP01
U	mg/kg	1	0.0997	0.249	PP01
U	mg/kg	1	0.0997	0.249	PP01
U	mg/kg	1	0.0997	0.249	PP01
U	mg/kg	1	0.0997	0.249	PP01
U	mg/kg	1	0.0997	0.249	PP01
U	mg/kg	1	0.0997	0.249	PP01
UJ	ug/kg	1	0.379	1.90	PP01
UJ	ug/kg	1	0.379	3.79	PP01
	mg/kg	1	0.400	4.00	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01

	mg/kg	1	0.0967	0.242	PP01
J	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
J	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
	mg/kg	1	0.0967	0.242	PP01
J	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
J	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	mg/kg	1	0.0967	0.242	PP01
U	PG/G	1	0.378		
U	PG/G	1	0.0791		
U	PG/G	1	0.255		
U	PG/G	1	0.48		
U	PG/G	1	0.18		
U	PG/G	1	0.284		
U	PG/G	1	0.511		
U	PG/G	1	0.131		
U	PG/G	1	0.424		
U	PG/G	1	0.309		
U	PG/G	1	0.427		
U	PG/G	1	0.251		
U	PG/G	1	0.251		
U	PG/G	1	0.0831		
U	PG/G	1	0.24		
U	PG/G	1	0.378		
U	PG/G	1	0.255		
J	PG/G	1	0.48		
U	PG/G	1	0.18		
U	PG/G	1	0.511		
U	PG/G	1	0.251		
	PG/G	1	0.331		
U	PG/G	1	0.493		
U	PG/G	1	0.0831		
JK	PG/G	1	0.24		

	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.392
U	PG/G	1	0.0822
U	PG/G	1	0.265
JK	PG/G	1	0.498
U	PG/G	1	0.187
U	PG/G	1	0.295
U	PG/G	1	0.531
U	PG/G	1	0.136
U	PG/G	1	0.441
U	PG/G	1	0.321
U	PG/G	1	0.443
U	PG/G	1	0.261
U	PG/G	1	0.261
U	PG/G	1	0.0863
J	PG/G	1	0.249
U	PG/G	1	0.392
U	PG/G	1	0.265
J	PG/G	1	0.498
U	PG/G	1	0.187
U	PG/G	1	0.531
U	PG/G	1	0.261
	PG/G	1	0.344
U	PG/G	1	0.512
U	PG/G	1	0.0863
J	PG/G	1	0.249
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.371
U	PG/G	1	0.0776
U	PG/G	1	0.251
K	PG/G	1	0.471
JK	PG/G	1	0.177
U	PG/G	1	0.279
U	PG/G	1	0.501
U	PG/G	1	0.128
U	PG/G	1	0.416
U	PG/G	1	0.303
U	PG/G	1	0.419
U	PG/G	1	0.246
U	PG/G	1	0.246
U	PG/G	1	0.0815
U	PG/G	1	0.235
U	PG/G	1	0.371
J	PG/G	1	0.251
U	PG/G	1	0.471
J	PG/G	1	0.177
J	PG/G	1	0.501
U	PG/G	1	0.246
	PG/G	1	0.325
J	PG/G	1	0.484

U	PG/G	1	0.0815
JK	PG/G	1	0.235
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.413
U	PG/G	1	0.0866
U	PG/G	1	0.28
JK	PG/G	1	0.525
U	PG/G	1	0.197
U	PG/G	1	0.311
U	PG/G	1	0.559
U	PG/G	1	0.143
U	PG/G	1	0.464
U	PG/G	1	0.338
U	PG/G	1	0.467
U	PG/G	1	0.275
U	PG/G	1	0.275
U	PG/G	1	0.091
U	PG/G	1	0.263
U	PG/G	1	0.413
U	PG/G	1	0.28
J	PG/G	1	0.525
U	PG/G	1	0.197
U	PG/G	1	0.559
U	PG/G	1	0.275
	PG/G	1	0.362
U	PG/G	1	0.54
U	PG/G	1	0.091
JK	PG/G	1	0.263
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.407
U	PG/G	1	0.0851
U	PG/G	1	0.275
	PG/G	1	0.517
	PG/G	1	0.194
U	PG/G	1	0.306
U	PG/G	1	0.55
J	PG/G	1	0.141
J	PG/G	1	0.457
U	PG/G	1	0.332
J	PG/G	1	0.459
U	PG/G	1	0.27
U	PG/G	1	0.27
U	PG/G	1	0.0894
U	PG/G	1	0.258
U	PG/G	1	0.407
J	PG/G	1	0.275
	PG/G	1	0.517
	PG/G	1	0.194
J	PG/G	1	0.55
	PG/G	1	0.27

	PG/G	1	0.356
	PG/G	1	0.531
U	PG/G	1	0.0894
JK	PG/G	1	0.258
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.397
U	PG/G	1	0.0832
U	PG/G	1	0.269
JK	PG/G	1	0.505
U	PG/G	1	0.19
U	PG/G	1	0.299
U	PG/G	1	0.538
U	PG/G	1	0.137
U	PG/G	1	0.447
U	PG/G	1	0.325
U	PG/G	1	0.449
U	PG/G	1	0.264
U	PG/G	1	0.264
U	PG/G	1	0.0874
U	PG/G	1	0.253
U	PG/G	1	0.397
U	PG/G	1	0.269
J	PG/G	1	0.505
U	PG/G	1	0.19
U	PG/G	1	0.538
U	PG/G	1	0.264
	PG/G	1	0.348
U	PG/G	1	0.519
U	PG/G	1	0.0874
U	PG/G	1	0.253
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.365
U	PG/G	1	0.0765
U	PG/G	1	0.247
J	PG/G	1	0.464
J	PG/G	1	0.174
U	PG/G	1	0.275
U	PG/G	1	0.494
U	PG/G	1	0.126
U	PG/G	1	0.41
U	PG/G	1	0.299
U	PG/G	1	0.412
U	PG/G	1	0.243
U	PG/G	1	0.243
U	PG/G	1	0.0803
U	PG/G	1	0.232
U	PG/G	1	0.365
U	PG/G	1	0.247
	PG/G	1	0.464
J	PG/G	1	0.174

J	PG/G	1	0.494
U	PG/G	1	0.243
	PG/G	1	0.32
J	PG/G	1	0.477
U	PG/G	1	0.0803
JK	PG/G	1	0.232
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.395
U	PG/G	1	0.0828
U	PG/G	1	0.268
	PG/G	1	0.502
J	PG/G	1	0.189
U	PG/G	1	0.298
U	PG/G	1	0.535
JK	PG/G	1	0.137
U	PG/G	1	0.444
U	PG/G	1	0.323
U	PG/G	1	0.447
U	PG/G	1	0.263
U	PG/G	1	0.263
U	PG/G	1	0.087
	PG/G	1	0.251
J	PG/G	1	0.395
J	PG/G	1	0.268
	PG/G	1	0.502
	PG/G	1	0.189
J	PG/G	1	0.535
J	PG/G	1	0.263
	PG/G	1	0.347
J	PG/G	1	0.516
U	PG/G	1	0.087
JK	PG/G	1	0.251
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.383
U	PG/G	1	0.0801
U	PG/G	1	0.259
	PG/G	1	0.486
	PG/G	1	0.183
U	PG/G	1	0.288
U	PG/G	1	0.518
JK	PG/G	1	0.132
U	PG/G	1	0.43
JK	PG/G	1	0.313
U	PG/G	1	0.432
U	PG/G	1	0.254
J	PG/G	1	0.254
U	PG/G	1	0.0842
	PG/G	1	0.243
J	PG/G	1	0.383
	PG/G	1	0.259

	PG/G	1	0.486
	PG/G	1	0.183
	PG/G	1	0.518
	PG/G	1	0.254
	PG/G	1	0.335
	PG/G	1	0.5
U	PG/G	1	0.0842
J	PG/G	1	0.243
	PG/G	1	NA
	PG/G	1	NA
JK	PG/G	1	0.261
J	PG/G	1	0.0546
JK	PG/G	1	0.177
	PG/G	1	0.332
	PG/G	1	0.124
J	PG/G	1	0.196
JK	PG/G	1	0.353
J	PG/G	1	0.0903
J	PG/G	1	0.293
J	PG/G	1	0.213
J	PG/G	1	0.295
J	PG/G	1	0.173
J	PG/G	1	0.173
J	PG/G	1	0.0574
	PG/G	1	0.166
J	PG/G	1	0.261
	PG/G	1	0.177
	PG/G	1	0.332
	PG/G	1	0.124
	PG/G	1	0.353
	PG/G	1	0.173
	PG/G	1	0.229
	PG/G	1	0.341
J	PG/G	1	0.0574
J	PG/G	1	0.166
	PG/G	1	NA
	PG/G	1	NA
J	PG/G	1	0.263
JK	PG/G	1	0.0551
JK	PG/G	1	0.178
J	PG/G	1	0.334
J	PG/G	1	0.125
J	PG/G	1	0.198
JK	PG/G	1	0.356
J	PG/G	1	0.0909
J	PG/G	1	0.295
J	PG/G	1	0.215
JK	PG/G	1	0.297
J	PG/G	1	0.175
J	PG/G	1	0.175
U	PG/G	1	0.0578
J	PG/G	1	0.167

J	PG/G	1	0.263
U	PG/G	1	0.178
J	PG/G	1	0.334
J	PG/G	1	0.125
J	PG/G	1	0.356
J	PG/G	1	0.175
	PG/G	1	0.23
J	PG/G	1	0.343
U	PG/G	1	0.0578
J	PG/G	1	0.167
	PG/G	1	NA
	PG/G	1	NA
JK	PG/G	1	0.304
J	PG/G	1	0.0637
J	PG/G	1	0.206
	PG/G	1	0.386
	PG/G	1	0.145
J	PG/G	1	0.229
J	PG/G	1	0.412
	PG/G	1	0.105
J	PG/G	1	0.342
J	PG/G	1	0.249
J	PG/G	1	0.344
J	PG/G	1	0.202
	PG/G	1	0.202
	PG/G	1	0.0669
	PG/G	1	0.193
	PG/G	1	0.304
	PG/G	1	0.206
	PG/G	1	0.386
	PG/G	1	0.145
	PG/G	1	0.412
	PG/G	1	0.202
	PG/G	1	0.267
	PG/G	1	0.397
J	PG/G	1	0.0669
	PG/G	1	0.193
	PG/G	1	0.193
	PG/G	1	NA
	PG/G	1	NA
JK	PG/G	1	0.272
J	PG/G	1	0.0569
J	PG/G	1	0.184
	PG/G	1	0.345
J	PG/G	1	0.13
J	PG/G	1	0.204
J	PG/G	1	0.367
J	PG/G	1	0.0939
JK	PG/G	1	0.305
J	PG/G	1	0.222
J	PG/G	1	0.307
J	PG/G	1	0.181

J	PG/G	1	0.181
U	PG/G	1	0.0598
J	PG/G	1	0.173
U	PG/G	1	0.272
J	PG/G	1	0.184
	PG/G	1	0.345
J	PG/G	1	0.13
J	PG/G	1	0.367
J	PG/G	1	0.181
	PG/G	1	0.238
J	PG/G	1	0.355
JK	PG/G	1	0.0598
J	PG/G	1	0.173
	PG/G	1	NA
	PG/G	1	NA
JK	PG/G	1	0.271
JK	PG/G	1	0.0567
U	PG/G	1	0.183
J	PG/G	1	0.344
JK	PG/G	1	0.129
J	PG/G	1	0.204
U	PG/G	1	0.366
JK	PG/G	1	0.0936
U	PG/G	1	0.304
JK	PG/G	1	0.221
J	PG/G	1	0.306
JK	PG/G	1	0.18
JK	PG/G	1	0.18
U	PG/G	1	0.0596
J	PG/G	1	0.172
U	PG/G	1	0.271
U	PG/G	1	0.183
J	PG/G	1	0.344
J	PG/G	1	0.129
J	PG/G	1	0.366
J	PG/G	1	0.18
	PG/G	1	0.237
J	PG/G	1	0.354
U	PG/G	1	0.0596
J	PG/G	1	0.172
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.272
U	PG/G	1	0.0571
U	PG/G	1	0.184
J	PG/G	1	0.346
U	PG/G	1	0.13
U	PG/G	1	0.205
U	PG/G	1	0.369
U	PG/G	1	0.0942
U	PG/G	1	0.306
U	PG/G	1	0.223

U	PG/G	1	0.308
JK	PG/G	1	0.181
U	PG/G	1	0.181
U	PG/G	1	0.0599
J	PG/G	1	0.173
U	PG/G	1	0.272
U	PG/G	1	0.184
J	PG/G	1	0.346
U	PG/G	1	0.13
U	PG/G	1	0.369
U	PG/G	1	0.181
	PG/G	1	0.239
JK	PG/G	1	0.356
U	PG/G	1	0.0599
J	PG/G	1	0.173
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.354
JK	PG/G	1	0.074
JK	PG/G	1	0.239
J	PG/G	1	0.449
J	PG/G	1	0.169
U	PG/G	1	0.266
U	PG/G	1	0.478
U	PG/G	1	0.122
U	PG/G	1	0.397
U	PG/G	1	0.289
U	PG/G	1	0.399
J	PG/G	1	0.235
U	PG/G	1	0.235
U	PG/G	1	0.0778
	PG/G	1	0.225
J	PG/G	1	0.354
U	PG/G	1	0.239
	PG/G	1	0.449
J	PG/G	1	0.169
J	PG/G	1	0.478
J	PG/G	1	0.235
	PG/G	1	0.31
J	PG/G	1	0.462
U	PG/G	1	0.0778
J	PG/G	1	0.225
	PG/G	1	NA
	PG/G	1	NA
J	PG/G	1	0.333
J	PG/G	1	0.0698
J	PG/G	1	0.225
JK	PG/G	1	0.423
JK	PG/G	1	0.159
J	PG/G	1	0.251
U	PG/G	1	0.451
JK	PG/G	1	0.115

U	PG/G	1	0.374
JK	PG/G	1	0.272
JK	PG/G	1	0.376
JK	PG/G	1	0.221
J	PG/G	1	0.221
U	PG/G	1	0.0733
J	PG/G	1	0.212
J	PG/G	1	0.333
J	PG/G	1	0.225
J	PG/G	1	0.423
J	PG/G	1	0.159
J	PG/G	1	0.451
J	PG/G	1	0.221
	PG/G	1	0.292
J	PG/G	1	0.435
U	PG/G	1	0.0733
J	PG/G	1	0.212
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.35
U	PG/G	1	0.0733
U	PG/G	1	0.237
J	PG/G	1	0.445
J	PG/G	1	0.167
U	PG/G	1	0.264
U	PG/G	1	0.474
U	PG/G	1	0.121
U	PG/G	1	0.393
U	PG/G	1	0.286
U	PG/G	1	0.396
U	PG/G	1	0.233
U	PG/G	1	0.233
U	PG/G	1	0.077
J	PG/G	1	0.222
U	PG/G	1	0.35
U	PG/G	1	0.237
J	PG/G	1	0.445
J	PG/G	1	0.167
J	PG/G	1	0.474
U	PG/G	1	0.233
	PG/G	1	0.307
J	PG/G	1	0.457
U	PG/G	1	0.077
J	PG/G	1	0.222
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.346
U	PG/G	1	0.0724
U	PG/G	1	0.234
J	PG/G	1	0.439
U	PG/G	1	0.165
U	PG/G	1	0.26

U	PG/G	1	0.468
U	PG/G	1	0.12
U	PG/G	1	0.388
U	PG/G	1	0.283
U	PG/G	1	0.39
U	PG/G	1	0.23
U	PG/G	1	0.23
U	PG/G	1	0.076
J	PG/G	1	0.22
U	PG/G	1	0.346
U	PG/G	1	0.234
J	PG/G	1	0.439
U	PG/G	1	0.165
U	PG/G	1	0.468
U	PG/G	1	0.23
	PG/G	1	0.303
U	PG/G	1	0.451
U	PG/G	1	0.076
J	PG/G	1	0.22
	PG/G	1	NA
	PG/G	1	NA
JK	PG/G	1	0.342
J	PG/G	1	0.0716
J	PG/G	1	0.231
	PG/G	1	0.434
	PG/G	1	0.163
J	PG/G	1	0.257
J	PG/G	1	0.462
J	PG/G	1	0.118
J	PG/G	1	0.384
J	PG/G	1	0.279
J	PG/G	1	0.386
U	PG/G	1	0.227
J	PG/G	1	0.227
J	PG/G	1	0.0752
	PG/G	1	0.217
J	PG/G	1	0.342
	PG/G	1	0.231
	PG/G	1	0.434
	PG/G	1	0.163
J	PG/G	1	0.462
	PG/G	1	0.227
	PG/G	1	0.299
	PG/G	1	0.446
J	PG/G	1	0.0752
J	PG/G	1	0.217
	PG/G	1	NA
	PG/G	1	NA
J	PG/G	1	0.349
J	PG/G	1	0.0731
J	PG/G	1	0.236
J	PG/G	1	0.444

J	PG/G	1	0.167
J	PG/G	1	0.263
U	PG/G	1	0.472
JK	PG/G	1	0.121
JK	PG/G	1	0.392
JK	PG/G	1	0.285
U	PG/G	1	0.394
J	PG/G	1	0.232
JK	PG/G	1	0.232
U	PG/G	1	0.0768
	PG/G	1	0.222
J	PG/G	1	0.349
J	PG/G	1	0.236
	PG/G	1	0.444
J	PG/G	1	0.167
J	PG/G	1	0.472
J	PG/G	1	0.232
	PG/G	1	0.306
J	PG/G	1	0.456
U	PG/G	1	0.0768
JK	PG/G	1	0.222
	PG/G	1	NA
	PG/G	1	NA
J	PG/G	1	0.314
JK	PG/G	1	0.0657
JK	PG/G	1	0.212
J	PG/G	1	0.399
JK	PG/G	1	0.15
J	PG/G	1	0.236
U	PG/G	1	0.425
J	PG/G	1	0.109
U	PG/G	1	0.353
JK	PG/G	1	0.257
U	PG/G	1	0.355
JK	PG/G	1	0.209
U	PG/G	1	0.209
U	PG/G	1	0.0691
J	PG/G	1	0.199
J	PG/G	1	0.314
U	PG/G	1	0.212
J	PG/G	1	0.399
J	PG/G	1	0.15
J	PG/G	1	0.425
J	PG/G	1	0.209
	PG/G	1	0.275
J	PG/G	1	0.41
U	PG/G	1	0.0691
J	PG/G	1	0.199
	PG/G	1	NA
	PG/G	1	NA
JK	PG/G	1	0.304
J	PG/G	1	0.0636

JK	PG/G	1	0.206
J	PG/G	1	0.386
J	PG/G	1	0.145
J	PG/G	1	0.229
J	PG/G	1	0.411
JK	PG/G	1	0.105
J	PG/G	1	0.341
J	PG/G	1	0.248
J	PG/G	1	0.343
J	PG/G	1	0.202
J	PG/G	1	0.202
U	PG/G	1	0.0669
J	PG/G	1	0.193
U	PG/G	1	0.304
J	PG/G	1	0.206
J	PG/G	1	0.386
J	PG/G	1	0.145
J	PG/G	1	0.411
J	PG/G	1	0.202
	PG/G	1	0.266
J	PG/G	1	0.397
U	PG/G	1	0.0669
J	PG/G	1	0.193
	PG/G	1	NA
	PG/G	1	NA
J	PG/G	1	0.356
JK	PG/G	1	0.0745
J	PG/G	1	0.24
U	PG/G	1	0.452
J	PG/G	1	0.17
U	PG/G	1	0.268
U	PG/G	1	0.481
J	PG/G	1	0.123
U	PG/G	1	0.399
U	PG/G	1	0.291
U	PG/G	1	0.402
JK	PG/G	1	0.236
JK	PG/G	1	0.236
U	PG/G	1	0.0782
J	PG/G	1	0.226
J	PG/G	1	0.356
J	PG/G	1	0.24
J	PG/G	1	0.452
J	PG/G	1	0.17
J	PG/G	1	0.481
J	PG/G	1	0.236
J	PG/G	1	0.312
JK	PG/G	1	0.464
U	PG/G	1	0.0782
J	PG/G	1	0.226
	PG/G	1	NA
	PG/G	1	NA

U	PG/G	1	0.304
U	PG/G	1	0.0636
JK	PG/G	1	0.205
J	PG/G	1	0.386
JK	PG/G	1	0.145
U	PG/G	1	0.229
U	PG/G	1	0.411
U	PG/G	1	0.105
U	PG/G	1	0.341
U	PG/G	1	0.248
U	PG/G	1	0.343
U	PG/G	1	0.202
U	PG/G	1	0.202
U	PG/G	1	0.0668
J	PG/G	1	0.193
U	PG/G	1	0.304
U	PG/G	1	0.205
J	PG/G	1	0.386
U	PG/G	1	0.145
J	PG/G	1	0.411
U	PG/G	1	0.202
	PG/G	1	0.266
J	PG/G	1	0.397
U	PG/G	1	0.0668
J	PG/G	1	0.193
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.329
J	PG/G	1	0.069
JK	PG/G	1	0.223
J	PG/G	1	0.419
J	PG/G	1	0.157
JK	PG/G	1	0.248
JK	PG/G	1	0.446
J	PG/G	1	0.114
JK	PG/G	1	0.37
JK	PG/G	1	0.269
JK	PG/G	1	0.372
J	PG/G	1	0.219
J	PG/G	1	0.219
U	PG/G	1	0.0725
	PG/G	1	0.209
U	PG/G	1	0.329
J	PG/G	1	0.223
J	PG/G	1	0.419
J	PG/G	1	0.157
J	PG/G	1	0.446
J	PG/G	1	0.219
	PG/G	1	0.289
J	PG/G	1	0.43
U	PG/G	1	0.0725
J	PG/G	1	0.209

	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.327
U	PG/G	1	0.0685
U	PG/G	1	0.221
J	PG/G	1	0.416
JK	PG/G	1	0.156
U	PG/G	1	0.246
U	PG/G	1	0.443
U	PG/G	1	0.113
U	PG/G	1	0.367
U	PG/G	1	0.267
U	PG/G	1	0.369
U	PG/G	1	0.217
U	PG/G	1	0.217
U	PG/G	1	0.072
J	PG/G	1	0.208
U	PG/G	1	0.327
U	PG/G	1	0.221
J	PG/G	1	0.416
J	PG/G	1	0.156
U	PG/G	1	0.443
J	PG/G	1	0.217
	PG/G	1	0.287
JK	PG/G	1	0.427
U	PG/G	1	0.072
J	PG/G	1	0.208
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.294
U	PG/G	1	0.0615
J	PG/G	1	0.199
J	PG/G	1	0.373
JK	PG/G	1	0.14
U	PG/G	1	0.221
U	PG/G	1	0.397
U	PG/G	1	0.102
U	PG/G	1	0.33
U	PG/G	1	0.24
U	PG/G	1	0.331
U	PG/G	1	0.195
U	PG/G	1	0.195
U	PG/G	1	0.0646
J	PG/G	1	0.186
J	PG/G	1	0.294
J	PG/G	1	0.199
	PG/G	1	0.373
U	PG/G	1	0.14
J	PG/G	1	0.397
J	PG/G	1	0.195
	PG/G	1	0.257
J	PG/G	1	0.383

U	PG/G	1	0.0646
J	PG/G	1	0.186
	PG/G	1	NA
	PG/G	1	NA
J	PG/G	1	0.279
J	PG/G	1	0.0583
J	PG/G	1	0.188
	PG/G	1	0.354
	PG/G	1	0.133
JK	PG/G	1	0.21
J	PG/G	1	0.377
J	PG/G	1	0.0964
J	PG/G	1	0.313
J	PG/G	1	0.228
J	PG/G	1	0.315
JK	PG/G	1	0.185
J	PG/G	1	0.185
	PG/G	1	0.0613
	PG/G	1	0.177
J	PG/G	1	0.279
	PG/G	1	0.188
	PG/G	1	0.354
	PG/G	1	0.133
	PG/G	1	0.377
	PG/G	1	0.185
	PG/G	1	0.244
	PG/G	1	0.364
U	PG/G	1	0.0613
	PG/G	1	0.177
	PG/G	1	NA
	PG/G	1	NA
	PG/G	1	0.177
U	PG/G	1	0.376
U	PG/G	1	0.0788
U	PG/G	1	0.254
J	PG/G	1	0.478
J	PG/G	1	0.179
U	PG/G	1	0.283
U	PG/G	1	0.509
U	PG/G	1	0.13
U	PG/G	1	0.423
U	PG/G	1	0.307
U	PG/G	1	0.425
U	PG/G	1	0.25
U	PG/G	1	0.25
U	PG/G	1	0.0827
J	PG/G	1	0.239
U	PG/G	1	0.376
U	PG/G	1	0.254
J	PG/G	1	0.478
J	PG/G	1	0.179
U	PG/G	1	0.509

U	PG/G	1	0.25
	PG/G	1	0.33
U	PG/G	1	0.491
U	PG/G	1	0.0827
J	PG/G	1	0.239
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.373
U	PG/G	1	0.0781
U	PG/G	1	0.252
J	PG/G	1	0.474
U	PG/G	1	0.178
U	PG/G	1	0.281
U	PG/G	1	0.505
U	PG/G	1	0.129
U	PG/G	1	0.419
U	PG/G	1	0.305
U	PG/G	1	0.421
U	PG/G	1	0.248
U	PG/G	1	0.248
U	PG/G	1	0.0821
J	PG/G	1	0.237
U	PG/G	1	0.373
U	PG/G	1	0.252
J	PG/G	1	0.474
U	PG/G	1	0.178
J	PG/G	1	0.505
U	PG/G	1	0.248
	PG/G	1	0.327
U	PG/G	1	0.487
U	PG/G	1	0.0821
J	PG/G	1	0.237
	PG/G	1	NA
	PG/G	1	NA
U	PG/G	1	0.37
U	PG/G	1	0.0775
UQ	PG/G	1	0.25
J	PG/G	1	0.47
J	PG/G	1	0.177
U	PG/G	1	0.279
U	PG/G	1	0.501
U	PG/G	1	0.128
U	PG/G	1	0.416
U	PG/G	1	0.303
J	PG/G	1	0.418
U	PG/G	1	0.246
U	PG/G	1	0.246
U	PG/G	1	0.0815
J	PG/G	1	0.235
U	PG/G	1	0.37
JQ	PG/G	1	0.25
J	PG/G	1	0.47

	J	PG/G	1	0.177		
	J	PG/G	1	0.501		
	J	PG/G	1	0.246		
		PG/G	1	0.325		
	J	PG/G	1	0.483		
	U	PG/G	1	0.0815		
	J	PG/G	1	0.235		
		PG/G	1	NA		
		PG/G	1	NA		
	U	PG/G	1	0.376		
	U	PG/G	1	0.0787		
	UQ	PG/G	1	0.254		
	JK	PG/G	1	0.477		
	U	PG/G	1	0.179		
	U	PG/G	1	0.283		
	U	PG/G	1	0.508		
	U	PG/G	1	0.13		
	U	PG/G	1	0.422		
	U	PG/G	1	0.307		
	U	PG/G	1	0.424		
	U	PG/G	1	0.25		
	U	PG/G	1	0.25		
	U	PG/G	1	0.0827		
	J	PG/G	1	0.239		
	U	PG/G	1	0.376		
	UQ	PG/G	1	0.254		
	J	PG/G	1	0.477		
	U	PG/G	1	0.179		
	J	PG/G	1	0.508		
	J	PG/G	1	0.25		
		PG/G	1	0.329		
	U	PG/G	1	0.491		
	U	PG/G	1	0.0827		
	J	PG/G	1	0.239		
		PG/G	1	NA		
		PG/G	1	NA		
	U	ug/kg	1	0.432	2.16	PP01
	U	ug/kg	1	0.432	4.32	PP01
	U	ug/kg	1	0.394	1.97	PP01
	U	ug/kg	1	0.394	3.94	PP01
	U	ug/kg	1	0.406	2.03	PP01
	U	ug/kg	1	0.406	4.06	PP01
	U	ug/kg	1	0.384	1.92	PP01
	U	ug/kg	1	0.384	3.84	PP01
	U	ug/kg	1	0.379	1.90	PP01
	U	ug/kg	1	0.379	3.79	PP01
L	L	mg/kg	1	0.485	4.85	PP01
L	L	mg/kg	1	0.456	4.56	PP01
L	L	mg/kg	1	0.460	4.60	PP01
L	L	mg/kg	1	0.442	4.42	PP01
L	L	mg/kg	1	0.400	4.00	PP01
L	U	mg/kg	1	0.0995	0.249	PP01

	U	mg/kg	1	0.0995	0.249	PP01
	U	mg/kg	1	0.0995	0.249	PP01
		mg/kg	1	0.0995	0.249	PP01
		mg/kg	1	0.0995	0.249	PP01
	U	mg/kg	1	0.0995	0.249	PP01
	U	mg/kg	1	0.0995	0.249	PP01
	U	mg/kg	1	0.0995	0.249	PP01
	U	mg/kg	1	0.0995	0.249	PP01
	U	mg/kg	1	0.0995	0.249	PP01
	U	mg/kg	1	0.0996	0.249	PP01
	U	mg/kg	1	0.0996	0.249	PP01
	U	mg/kg	1	0.0996	0.249	PP01
	U	mg/kg	1	0.0996	0.249	PP01
	U	mg/kg	1	0.0996	0.249	PP01
	U	mg/kg	1	0.0996	0.249	PP01
	U	mg/kg	1	0.0996	0.249	PP01
	U	mg/kg	1	0.0996	0.249	PP01
	U	mg/kg	1	0.0996	0.249	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0973	0.243	PP01
	U	mg/kg	1	0.0978	0.245	PP01
	U	mg/kg	1	0.0978	0.245	PP01
	U	mg/kg	1	0.0978	0.245	PP01
		mg/kg	1	0.0978	0.245	PP01
J	J	mg/kg	1	0.0978	0.245	PP01
	U	mg/kg	1	0.0978	0.245	PP01
	U	mg/kg	1	0.0978	0.245	PP01
	U	mg/kg	1	0.0978	0.245	PP01
	U	mg/kg	1	0.0978	0.245	PP01
	U	mg/kg	1	0.0978	0.245	PP01
	U	mg/kg	1	0.0967	0.242	PP01
	U	mg/kg	1	0.0967	0.242	PP01
	U	mg/kg	1	0.0967	0.242	PP01
		mg/kg	1	0.0967	0.242	PP01
J	J	mg/kg	1	0.0967	0.242	PP01
	U	mg/kg	1	0.0967	0.242	PP01
	U	mg/kg	1	0.0967	0.242	PP01
J	J	mg/kg	1	0.0967	0.242	PP01
	U	mg/kg	1	0.0967	0.242	PP01
	U	mg/kg	1	0.0967	0.242	PP01
	U	ug/L	1	0.1	1	PP01
		ug/L	1	0.025	0.1	PP01
	U	ug/L	1	0.025	0.1	PP01

U	ug/L	1	0.025	0.2	PP01
U	ug/L	1	0.1	1	PP01
U	ug/L	1	0.4	0.8	PP01
U	ug/L	1	0.05	0.1	PP01
U	ug/L	1	0.1	1	PP01
	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.2	PP01
U	ug/L	1	0.1	1	PP01
U	ug/L	1	0.4	0.8	PP01
U	ug/L	1	0.05	0.1	PP01
U	ug/L	1	0.1	1	PP01
	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.2	PP01
J	ug/L	1	0.1	1	PP01
U	ug/L	1	0.4	0.8	PP01
U	ug/L	1	0.05	0.1	PP01
U	ug/L	1	0.1	1	PP01
	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.2	PP01
U	ug/L	1	0.1	1	PP01
U	ug/L	1	0.4	0.8	PP01
U	ug/L	1	0.05	0.1	PP01
U	ug/L	1	0.1	1	PP01
	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.2	PP01
U	ug/L	1	0.1	1	PP01
U	ug/L	1	0.4	0.8	PP01
U	ug/L	1	0.05	0.1	PP01
U	ug/L	1	0.1	1	PP01
	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.2	PP01
U	ug/L	1	0.1	1	PP01
U	ug/L	1	0.4	0.8	PP01
U	ug/L	1	0.05	0.1	PP01
U	ug/L	1	0.1	1	PP01
	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.2	PP01
U	ug/L	1	0.1	1	PP01
U	ug/L	1	0.4	0.8	PP01
U	ug/L	1	0.05	0.1	PP01
U	ug/L	1	0.1	1	PP01
	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.2	PP01
U	ug/L	1	0.1	1	PP01
U	ug/L	1	0.4	0.8	PP01
U	ug/L	1	0.05	0.1	PP01
U	ug/L	1	0.1	1	PP01
	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.1	PP01
U	ug/L	1	0.025	0.2	PP01
J	ug/L	1	0.1	1	PP01
U	ug/L	1	0.4	0.8	PP01

[illegible]

UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	0.382	1.91	PP01
UJ	ug/kg	1	19.3	38.2	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	0.387	1.93	PP01
UJ	ug/kg	1	19.6	38.7	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
J	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	19.2	38	PP01
J	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01
UJ	ug/kg	1	0.38	1.9	PP01

[illegible]

U	ug/kg	1	0.343	1.71	PP01
U	ug/kg	1	0.343	1.71	PP01
U	ug/kg	1	0.343	1.71	PP01
U	ug/kg	1	0.343	1.71	PP01
U	ug/kg	1	0.343	1.71	PP01
U	ug/kg	1	0.343	1.71	PP01
U	ug/kg	1	0.343	1.71	PP01
U	ug/kg	1	0.343	1.71	PP01
U	ug/kg	1	17.3	34.3	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	0.389	1.95	PP01
UJ	ug/kg	1	19.7	38.9	PP01
U	mg/kg	1	100	100	PP01
U	mg/kg	1	100	100	PP01
U	mg/kg	1	100	100	PP01
U	mg/kg	1	100	100	PP01
U	mg/kg	1	100	100	PP01
U	mg/kg	1	100	100	PP01
U	mg/kg	1	100	100	PP01
U	mg/kg	1	100	100	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
	mg/kg	1	0.1	0.25	PP01
J	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
J	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
J	mg/kg	1	0.1	0.25	PP01
	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01

[illegible]

[illegible]

[illegible]

U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	mg/kg	1	0.1	0.25	PP01
U	ug/kg	1	23.4	46.8	PP01
U	ug/kg	1	23.4	46.8	PP01
U	ug/kg	1	2.34	4.68	PP01
U	ug/kg	1	1.75	3.51	PP01
U	ug/kg	1	58.5	117	PP01
Q	ug/kg	1	2.34	4.68	PP01
U	ug/kg	1	23.4	46.8	PP01
U	ug/kg	1	11.7	23.4	PP01
U	ug/kg	1	2340	4680	PP01
U	ug/kg	1	2340	4680	PP01
U	ug/kg	1	2.34	4.68	PP01
U	ug/kg	1	23.3	46.7	PP01
U	ug/kg	1	23.3	46.7	PP01
U	ug/kg	1	2.33	4.67	PP01
U	ug/kg	1	1.75	3.5	PP01
U	ug/kg	1	58.3	117	PP01
Q	ug/kg	1	2.33	4.67	PP01
U	ug/kg	1	23.3	46.7	PP01
U	ug/kg	1	11.7	23.3	PP01
U	ug/kg	1	2330	4670	PP01
U	ug/kg	1	2330	4670	PP01
U	ug/kg	1	2.33	4.67	PP01
U	ug/kg	1	22.2	44.4	PP01
U	ug/kg	1	22.2	44.4	PP01

U	ug/kg	1	2.22	4.44	PP01
U	ug/kg	1	1.66	3.33	PP01
U	ug/kg	1	55.5	111	PP01
Q	ug/kg	1	2.22	4.44	PP01
U	ug/kg	1	22.2	44.4	PP01
U	ug/kg	1	11.1	22.2	PP01
U	ug/kg	1	2220	4440	PP01
U	ug/kg	1	2220	4440	PP01
U	ug/kg	1	2.22	4.44	PP01
U	ug/kg	1	24.2	48.4	PP01
U	ug/kg	1	24.2	48.4	PP01
U	ug/kg	1	2.42	4.84	PP01
U	ug/kg	1	1.82	3.63	PP01
U	ug/kg	1	60.5	121	PP01
Q	ug/kg	1	2.42	4.84	PP01
U	ug/kg	1	24.2	48.4	PP01
U	ug/kg	1	12.1	24.2	PP01
U	ug/kg	1	2420	4840	PP01
U	ug/kg	1	2420	4840	PP01
U	ug/kg	1	2.42	4.84	PP01
U	ug/kg	1	23.3	46.7	PP01
U	ug/kg	1	23.3	46.7	PP01
U	ug/kg	1	2.33	4.67	PP01
U	ug/kg	1	1.75	3.5	PP01
U	ug/kg	1	58.3	117	PP01
Q	ug/kg	1	2.33	4.67	PP01
U	ug/kg	1	23.3	46.7	PP01
U	ug/kg	1	11.7	23.3	PP01
U	ug/kg	1	2330	4670	PP01
U	ug/kg	1	2330	4670	PP01
U	ug/kg	1	2.33	4.67	PP01
U	ug/kg	1	24.2	48.4	PP01
U	ug/kg	1	24.2	48.4	PP01
U	ug/kg	1	2.42	4.84	PP01
U	ug/kg	1	1.81	3.63	PP01
U	ug/kg	1	60.4	121	PP01
Q	ug/kg	1	2.42	4.84	PP01
U	ug/kg	1	24.2	48.4	PP01
U	ug/kg	1	12.1	24.2	PP01
U	ug/kg	1	2420	4840	PP01
U	ug/kg	1	2420	4840	PP01
U	ug/kg	1	2.42	4.84	PP01
U	ug/kg	1	22.1	44.3	PP01
U	ug/kg	1	22.1	44.3	PP01
U	ug/kg	1	2.21	4.43	PP01
U	ug/kg	1	1.66	3.32	PP01
M	ug/kg	1	55.3	111	PP01
Q	ug/kg	1	2.21	4.43	PP01
M	ug/kg	1	22.1	44.3	PP01
U	ug/kg	1	11.1	22.1	PP01
U	ug/kg	1	2210	4430	PP01
U	ug/kg	1	2210	4430	PP01

M	ug/kg	1	2.21	4.43	PP01
U	ug/kg	1	24.9	49.8	PP01
U	ug/kg	1	24.9	49.8	PP01
U	ug/kg	1	2.49	4.98	PP01
U	ug/kg	1	1.87	3.73	PP01
U	ug/kg	1	62.2	124	PP01
Q	ug/kg	1	2.49	4.98	PP01
U	ug/kg	1	24.9	49.8	PP01
U	ug/kg	1	12.4	24.9	PP01
U	ug/kg	1	2490	4980	PP01
U	ug/kg	1	2490	4980	PP01
U	ug/kg	1	2.49	4.98	PP01
U	mg/kg	1	10.3	10.3	PP01
U	mg/kg	1	10.1	10.1	PP01
U	mg/kg	1	10.1	10.1	PP01
U	mg/kg	1	9.51	9.51	PP01
U	mg/kg	1	10.6	10.6	PP01
U	mg/kg	1	10.1	10.1	PP01
U	mg/kg	1	10.8	10.8	PP01
U	mg/kg	1	10.6	10.6	PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
>	Degrees C	1			PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
UJ	ug/kg	1	0.357	1.78	PP01
J	ug/kg	1	18.1	35.7	PP01
J	ug/kg	1	0.362	1.81	PP02
UJ	ug/kg	1	0.362	1.81	PP01
UJ	ug/kg	1	0.362	1.81	PP01

[illegible]

UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	0.373	1.86	PP01
UJ	ug/kg	1	18.9	37.3	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	0.39	1.95	PP01
UJ	ug/kg	1	19.8	39	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	0.371	1.86	PP01
UJ	ug/kg	1	18.8	37.1	PP01
U	ug/kg	1	24.9	49.8	PP01

		U	ug/kg	1	24.9	49.8	PP01
		U	ug/kg	1	2.49	4.98	PP01
		U	ug/kg	1	1.87	3.73	PP01
		U	ug/kg	1	62.2	124	PP01
		UQ	ug/kg	1	2.49	4.98	PP01
		U	ug/kg	1	24.9	49.8	PP01
		U	ug/kg	1	12.4	24.9	PP01
		U	ug/kg	1	2490	4980	PP01
		U	ug/kg	1	2490	4980	PP01
		U	ug/kg	1	2.49	4.98	PP01
		U	PG/G	1	0.314	4.61	
		U	PG/G	1	0.0657	4.61	
		U	PG/G	1	0.212	4.61	
		JK	PG/G	1	0.398	4.61	
		JK	PG/G	1	0.15	4.61	
		U	PG/G	1	0.236	4.61	
		U	PG/G	1	0.424	4.61	
		U	PG/G	1	0.108	4.61	
		U	PG/G	1	0.352	4.61	
		U	PG/G	1	0.256	4.61	
		U	PG/G	1	0.354	4.61	
		U	PG/G	1	0.208	4.61	
		U	PG/G	1	0.208	4.61	
		U	PG/G	1	0.069	0.922	
		J	PG/G	1	0.199	0.922	
		U	PG/G	1	0.314	4.61	
		U	PG/G	1	0.212	4.61	
		J	PG/G	1	0.398	4.61	
		J	PG/G	1	0.15	4.61	
		J	PG/G	1	0.424	4.61	
		U	PG/G	1	0.208	4.61	
			PG/G	1	0.275	9.22	
		J	PG/G	1	0.41	9.22	
		U	PG/G	1	0.069	0.922	
		J	PG/G	1	0.199	0.922	
			PG/G	1	NA	NA	
			PG/G	1	NA	NA	
B, EMPC	B, EMPC		PG/G	1	1.93	4.70	
B	B		PG/G	1	2.03	4.70	
B, EMPC	B, EMPC		PG/G	1	1.91	4.70	
			PG/G	1	1.75	4.70	
			PG/G	1	1.86	4.70	
B	B		PG/G	1	1.68	4.70	
J	J		PG/G	1	1.71	4.70	
J	J		PG/G	1	1.7	4.70	
J	J		PG/G	1	1.7	4.70	
B	B		PG/G	1	1.74	4.70	
J	J		PG/G	1	1.74	4.70	
	U		PG/G	1	1.6	4.70	
B	B		PG/G	1	1.72	4.70	

B	U	PG/G	1	0.386	0.941
		PG/G	1	0.616	0.941
	B	PG/G	1	1.93	4.70
		PG/G	1	3.94	4.70
		PG/G	1	1.75	4.70
		PG/G	1	3.54	4.70
		PG/G	1	5.15	4.70
J	J	PG/G	1	6.76	4.70
		PG/G	1	3.5	9.41
B	U	PG/G	1	3.28	9.41
	B	PG/G	1	0.386	0.941
		PG/G	1	0.616	0.941
		PG/G	1	NA	NA
		PG/G	1	NA	NA
		mg/kg	1	0.368	3.68
		mg/kg	1	0.389	3.89
J J		mg/kg	1	0.385	3.85
		mg/kg	1	0.375	3.75
		mg/kg	1	0.385	3.85
		mg/kg	1	0.400	4.00
		mg/kg	1	0.411	4.11
		mg/kg	1	0.400	4.00
		mg/kg	1	0.420	4.20
	J	mg/kg	1	0.427	4.27
	J	mg/kg	1	0.436	4.36
		mg/kg	1	0.409	4.09
	U	mg/kg	1	9.79	19.6
	U	mg/kg	1	9.34	18.7
	U	mg/kg	1	9.44	18.9
	U	mg/kg	1	8.75	17.5
	U	mg/kg	1	9.44	18.9
	U	mg/kg	1	9.72	19.4
	U	mg/kg	1	9.26	18.5
	U	mg/kg	1	10.6	21.2
	U	mg/kg	1	9.40	18.8
	U	mg/kg	1	9.30	18.6
	U	mg/kg	1	9.73	19.5
	U	mg/kg	1	9.41	18.8
	U	ug/kg	1	0.392	1.96
	U	ug/kg	1	0.392	3.92
	U	ug/kg	1	0.374	1.87
	U	ug/kg	1	0.374	3.74
	U	ug/kg	1	0.378	1.89
	U	ug/kg	1	0.378	3.78
	U	ug/kg	1	0.350	1.75
	U	ug/kg	1	0.350	3.50
	U	ug/kg	1	0.378	1.89
	U	ug/kg	1	0.378	3.78
	U	ug/kg	1	0.389	1.94
	U	ug/kg	1	0.389	3.89
	U	ug/kg	1	0.370	1.85
	U	ug/kg	1	0.370	3.70

[illegible]

U	mg/kg	1	0.0996	0.249
U	mg/kg	1	0.0996	0.249
U	mg/kg	1	0.0996	0.249
U	mg/kg	1	0.0996	0.249
U	mg/kg	1	0.0996	0.249
U	mg/kg	1	0.0996	0.249
U	mg/kg	1	0.0996	0.249
U	mg/kg	1	0.0996	0.249
U	mg/kg	1	0.0995	0.249
U	mg/kg	1	0.0995	0.249
U	mg/kg	1	0.0995	0.249
U	mg/kg	1	0.0995	0.249
U	mg/kg	1	0.0995	0.249
U	mg/kg	1	0.0995	0.249
U	mg/kg	1	0.0995	0.249
U	mg/kg	1	0.0995	0.249
U	mg/kg	1	0.0995	0.249
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.101	0.251
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.0991	0.248
U	mg/kg	1	0.101	0.252
U	mg/kg	1	0.101	0.252
U	mg/kg	1	0.101	0.252
U	mg/kg	1	0.101	0.252
U	mg/kg	1	0.101	0.252
U	mg/kg	1	0.101	0.252
U	mg/kg	1	0.101	0.252
U	mg/kg	1	0.101	0.252
U	mg/kg	1	0.101	0.252
U	mg/kg	1	0.0983	0.246
U	mg/kg	1	0.0983	0.246
U	mg/kg	1	0.0983	0.246
U	mg/kg	1	0.0983	0.246

[illegible]

	U	ug/kg	1
	U	ug/kg	1
J	J	mg/kg	1
J	J	mg/kg	1
	U	mg/kg	1
J	J	mg/kg	1
J	J	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
J	J	mg/kg	1
K	K	mg/kg	1
J	J	mg/kg	1
		mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
		mg/kg	1
J	J	mg/kg	1
R	R	mg/kg	1
	U	mg/kg	1
K	K	mg/kg	1
K	K	mg/kg	1
		mg/kg	1
		mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
		mg/kg	1
J	J	mg/kg	1
		mg/kg	5
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
		mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
	U	mg/kg	1
J	J	mg/kg	1
	U	mg/kg	1
J	J	mg/kg	1
	U	mg/kg	1

[illegible]

[illegible]

Appendix B-2

Data Validation



MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Explosives
Microbac Laboratories, Inc., SDG L10040503

DATE: June 10, 2010; Revised June 17, 2010

The purpose of this memorandum is to present the data validation report for the samples collected for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on April 20, 2010. The report was revised for the inclusion of compound 2,4,6-trinitrotoluene into the target list and for the addition of confirmation sample for fraction -01CF. Solid samples were analyzed for explosives using USEPA SW-846 8330B. A total of eight solid samples (three confirmation and one diluted samples included) were validated. The sample IDs are:

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ASC01 6'	L10040503-01	54ASC03 4'	L10040503-03CF1
54ASC01 6'	L10040503-01CF1	54ASC03 4'	L10040503-03CFDL1
54ASC02 6'	L10040503-02	54ASC03 4'	L10040503-03DL01
54ASC03 4'	L10040503-03	54ASC04 3'	L10040503-04

Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Blank Analysis
	X	Initial Calibration
	X	Continuing Calibration
X		System Monitoring Compounds
X		Laboratory Control Sample and Laboratory Control Sample Duplicate
	X	Matrix Spike/Spike Duplicate
	X	Field Duplicate
X		Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable with noted qualifications, except for the following. Target compound 2,4,6-trinitrotoluene exceeded calibration range and was qualified estimated "J" for samples 54ASC01 6' (L10040503-01), 54ASC01 6' (L10040503-01CF1), 54ASC03 4' (L10040503-03CFDL1), and 54ASC03 4' (L10040503-03DL01); and rejected "R" for samples 54ASC03 4' (L10040503-03) and 54ASC03 4' (L10040503-03CF1) based on these outliers. For samples 54ASC03 4' (L10040503-03), 54ASC03 4' (L10040503-03CF1), 54ASC03 4' (L10040503-03CFDL1), and 54ASC03 4' (L10040503-03DL01), the surrogate 1,2-dinitrobenzene was outside criteria. Sample 54ASC03 4' (L10040503-03) should be used as best fit data with the other dilutions and confirmation samples provided as extra QC (See Section V for further details). There were no impacts to the data completeness.



 Eric Malarek, Chemist

6/17/10

 Date

**RFAAP VALIDATION REPORT
EXPLOSIVES REVIEW
SDG L10040503**

I-Holding Times and Preservation

The objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample extraction and analysis. Holding time criteria: For solid samples, explosive compounds are shipped cooled ($@4^{\circ}\text{C} \pm 2^{\circ}\text{C}$) with a maximum holding time of 14 days from sample collection to preparative extraction and 40 days from preparative extraction to determinative analysis (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 04/20/10, the coolers were received by the primary laboratory (Microbac) on 04/21/10 at 0.0°C and 0.0°C . Even though the cooler temperatures were below criteria; there were no impacts for the sample analysis and no qualifiers were applied based upon these outliers.
- Holding Time Review: The solid samples were collected on 04/20/10. For the solid samples, the samples for explosive were extracted on 04/26/10. The samples were analyzed on 04/27/10 (04/30/10 and 05/06/10 for confirmation and re-analysis samples). Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Blank Analysis

The purpose of laboratory or field blank analyses is to determine the existence and magnitude of contamination problems resulting from laboratory or field activities. One method blank per analytical batch must be run on each instrument used to analyze samples. No contaminants should be present in the blanks. The DoD QSM criterion specifies all concentrations should be less than one-half MRL. Positive sample results are reported and qualified "B", if the concentration of the compound in the sample is ≤ 5 times (5x) the maximum amount for explosive target compounds. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 10) if needed.

Table 2 Blank Contamination Analysis Summary

Analysis Date	QC Blank ID	Compound	Max Conc. mg/kg	Action Level mg/kg	B qualified samples (for this SDG)
04/27/10	WG329263-01	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None
04/30/10	WG329263-01	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None

MRL = Method Reporting Limit
NA = Not Applicable

III-Initial Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. The initial 5-point calibration demonstrates that the instrument is capable of acceptable performance in the beginning of the analytical run. The DoD QSM specifies that the correlation coefficient must be ≥ 0.995 and/or the percent relative standard deviation (%RSD) must be $\leq 20\%$.

- For the explosives initial calibration performed on 01/29/10 on instrument HPLC4, all criteria were met for target explosives compounds. All target compounds were determined using linear regression with correlation coefficients ≥ 0.995 . No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC01 6' (L10040503-01CF1), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), 54ASC03 4' (L10040503-03DL01), 54ASC03 4' (L10040503-03CF1), 54ASC03 4' (L10040503-03CFDL1), and 54ASC04 3' (L10040503-04) apply to this initial calibration.

IV-Continuing Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. Continuing calibration standards are analyzed after every 10 injections, and at the end of the analysis sequence. The DoD QSM specifies that the percent difference (%D) from initial calibration should be no greater than $\pm 20\%$.

- For explosives initial calibration verification performed on 01/29/10 @19:02 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this initial verification calibration.
- For explosives continuing calibration performed on 04/27/10 @14:36 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04) apply to this continuing calibration.
- For explosives continuing calibration performed on 04/27/10 @23:23 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives confirmation continuing calibration performed on 04/29/10 @23:39 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01CF1) and 54ASC03 4' (L10040503-03CF1) apply to this confirmation continuing calibration.
- For explosives confirmation continuing calibration performed on 04/30/10 @11:10 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. Sample 54ASC03 4' (L10040503-03CFDL1) applies to this confirmation continuing calibration.
- For explosives confirmation continuing calibration performed on 05/01/10 @00:04 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 05/06/10 @15:22 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. Sample 54ASC03 4' (L10040503-03DL01) applies to this continuing calibration.
- For explosives continuing calibration performed on 05/06/10 @19:12 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this continuing calibration.

V-System Monitoring Compound (Surrogates)

Laboratory performance on individual samples is established by means of spiking activities. The percent recovery (%R) for all samples and blanks must be within the laboratory control limits. DoD surrogate recovery limits are specified in Table G-3 of the DoD QSM (DoD, 2009). If the surrogate is not listed, then the laboratory criteria shall be used.

Solid Criteria: 1,2-dinitrobenzene (50-150%)

- For sample 54ASC03 4' (L10040503-03), the surrogate 1,2-dinitrobenzene did not recover and was outside criteria. The sample was re-analyzed at a dilution as 54ASC03 4' (L10040503-03DL01) with the surrogate also not recovering. The sample confirmations L10040503-03CF1 (155%) and L10040503-03CFDL1 (175%) recovered above criteria limits. All original and conformational runs were in agreement in regards to the detections found. The original sample should be used with all detects qualified estimated "J" and non-detects "UJ" based upon these outliers (matrix interference). The dilution and confirmation samples were also qualified estimated "J" and non-detects "UJ" based upon these outliers (matrix interference). There were no impacts to the data completeness.
- For sample 54ASC01 6' (L10040503-01CF1), the surrogate 1,2-dinitrobenzene (165%) was outside criteria. The original sample was within criteria. The confirmation sample was qualified estimated bias high "K" for detects and no qualifier for non-detects based upon this outlier (matrix interference).
- For all other samples, all criteria were met.

VI-Laboratory Control Sample and Laboratory Control Sample Duplicate

Laboratory control samples (LCS) and LCS duplicate (LCSD) are used to monitor long-term precision and accuracy of the analytical method. The analysis is performed at a frequency of 1 per analytical batch. The percent recoveries (%Rs) must be within the laboratory control limits. DoD QSM solid LCS recovery limits are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for explosives is $\leq 20\%$ RPD.

- Samples WG329263-02 were WG329263-03 were used as solid LCS/LCSD for explosives analyzed on 04/27/10. 2-Amino-4,6-dinitrotoluene (77.6%; 77.4%) was outside criteria. For all other target explosives, all criteria were met. 2-Amino-4,6-dinitrotoluene was qualified estimated "L" for detects and "UL" for non-detects based upon the low recoveries. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), 54ASC03 4' (L10040503-03DL01), and 54ASC04 3' (L10040503-04) apply to this LCS/LCSD.
- Samples WG329263-02 were WG329263-03 were used as solid LCS/LCSD for explosives analyzed on 04/30/10. All criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01CF1), 54ASC03 4' (L10040503-03CF1) and 54ASC03 4' (L10040503-03CFDL1) apply to this LCS/LCSD.

VII-Matrix Spike/Matrix Spike Duplicate

Data for matrix spike/matrix spike duplicates (MS/MSD) are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. The percent recoveries (%Rs) and the relative percent difference (RPD) must be within the laboratory control limits. DoD QSM solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009).

If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for explosives is $\leq 20\%$ RPD.

- No project specific MS/MSD was performed with this SDG; therefore MS/MSD was not evaluated. Samples 54ASC01 6' (L10040503-01), 54ASC01 6' (L10040503-01CF1), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), 54ASC03 4' (L10040503-03DL01), 54ASC03 4' (L10040503-03CF1), 54ASC03 4' (L10040503-03CFDL1), and 54ASC04 3' (L10040503-04) apply to this MS/MSD.

VIII-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 50% RPD for the solid samples.

- No project specific solid field duplicate was analyzed with this SDG; therefore, field duplicate was not evaluated.

IX-Quantitation Verification

The accuracy of analytical results was verified through the calculation of several parameters. The calculation was based calibration factors. The absolute percent difference (%D) between the calculated and the reported value must be within 10% difference. All positive values must have less than or equal to 40% %D between the primary and secondary columns.

- All values >MDL and <MRL or <3*MDL (whichever was greater) were qualified as estimated "J".
- Target compound 2,4,6-trinitrotoluene exceeded calibration range and was qualified estimated "J" for samples 54ASC01 6' (L10040503-01), 54ASC01 6' (L10040503-01CF1), 54ASC03 4' (L10040503-03CFDL1), and 54ASC03 4' (L10040503-03DL01); and rejected "R" for samples 54ASC03 4' (L10040503-03) and 54ASC03 4' (L10040503-03CF1) based on these outliers.
- For samples 54ASC01 6' (L10040503-01), 54ASC03 4' (L10040503-03), and 54ASC03 4' (L10040503-03DL01), nitroglycerin was detected; however, not confirmed on dissimilar column. Nitroglycerin was qualified estimated "J" based upon these outliers for these samples
- For samples 54ASC03 4' (L10040503-03; 555%) and 54ASC03 4' (L10040503-03DL01; 764%), 4-amino-2,6-dinitrotoluene exceeded confirmation criteria. 4-Amino-2,6-dinitrotoluene was qualified estimated "J" based upon these outliers for these samples.
- For all other samples and detected target compounds, all confirmation criteria were met.

Sample: 54ASC03 4' (L10040503-03), 2,6-dinitrotoluene

$$Y = mX + b$$

Y = Area of target compound for sample

m = slope of curve = 0.27334443

X = Amount on column

b = Y-intercept = -0.2298343

Given:

m = 0.27334443

b = -0.2298343

Y = Area = 1674.95435

X = 6128.47

$$\text{Conc. } \mu\text{g/kg} = (A_x * V_t * DF) / (W_s * D)$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$

A_x = Amount of compound being measured (ng/mL).

V_t = Volume of total extract (mL).

$W(s)$ = Weight of sample (g).

D = Percent dry weight (100 - % moisture in sample)/100 (Air dried = 1.000)

DF = Dilution factor

$$\text{Conc. } \mu\text{g/kg} = (6128.47 * 40 * 1) / (10.35 * 1.000) = 23700 \mu\text{g/kg} = 23.7 \text{ mg/kg}$$

Reported Value = 23.7 mg/kg

% Difference = 0.0%

Values were within 10% difference

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	Estimated: The analyte was positively identified; the quantitation is estimation.
B	Blank contamination: The analyte was detected above one-half the reporting limit in an associated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% D for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994).

Report Number: L10040503

Report Date : June 15, 2010

Form I Copy

Sample Number: L10040503-01
 Client ID: 54ASC01 6'
 Matrix: Soil
 Workgroup Number: WG329492
 Collect Date: 04/20/2010 09:00
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 04/26/2010 08:00
 Cal Date: 01/29/2010 18:23
 Run Date: 04/27/2010 17:13
 File ID: 4L017681.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.0999
2,4-Dinitrotoluene	121-14-2		U	0.250	0.0999
2,6-Dinitrotoluene	606-20-2		U	0.250	0.0999
2,4,6-Trinitrotoluene	118-96-7	20.1	J	0.250	0.0999
2-Amino-4,6-dinitrotoluene	35572-78-2		UQ	0.250	0.0999
2-Nitrotoluene	88-72-2		U	0.250	0.0999
4-Nitrotoluene	99-99-0		U	0.250	0.0999
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.0999
RDX	121-82-4		U	0.250	0.0999
Nitroglycerin	55-63-0	0.203	J	0.250	0.0999
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	103	50	150		

UQ Undetected; the analyte was analyzed for, but not detected.

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10040503

Report Date : June 15, 2010

Form I Copy

Sample Number: L10040503-01
 Client ID: 54ASC01 6'
 Matrix: Soil
 Workgroup Number: WG329492
 Collect Date: 04/20/2010 09:00
 Sample Tag: CFI

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 04/26/2010 08:00
 Cal Date: 01/29/2010 18:23
 Run Date: 04/30/2010 07:37
 File ID: 4L017789.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	0.250	0.0999
2,4-Dinitrotoluene	121-14-2		UJ	0.250	0.0999
2,6-Dinitrotoluene	606-20-2		UJ	0.250	0.0999
2,4,6-Trinitrotoluene	118-96-7	21.9	J	0.250	0.0999
2-Amino-4,6-dinitrotoluene	35572-78-2		UJ	0.250	0.0999
2-Nitrotoluene	88-72-2		UJ	0.250	0.0999
4-Nitrotoluene	99-99-0		UJ	0.250	0.0999
4-Amino-2,6-dinitrotoluene	19406-51-0		UJ	0.250	0.0999
RDX	121-82-4		UJ	0.250	0.0999
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	165	50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated concentration; sample matrix interference

Report Number: L10040503

Report Date : June 15, 2010

Form I Copy

Sample Number: L10040503-02
 Client ID: 54ASC02 6'
 Matrix: Soil
 Workgroup Number: WG329492
 Collect Date: 04/20/2010 09:10
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 04/26/2010 08:00
 Cal Date: 01/29/2010 18:23
 Run Date: 04/27/2010 17:52
 File ID: 4L017682.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.251	0.100
2,4-Dinitrotoluene	121-14-2		U	0.251	0.100
2,6-Dinitrotoluene	606-20-2		U	0.251	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.251	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		UQ	0.251	0.100
2-Nitrotoluene	88-72-2		U	0.251	0.100
4-Nitrotoluene	99-99-0		U	0.251	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.251	0.100
RDX	121-82-4		U	0.251	0.100
Nitroglycerin	55-63-0		U	0.251	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	101	50	150		

UQ Undetected; the analyte was analyzed for, but not detected.

U Not detected at or above the LOQ.

Report Number: L10040503

Report Date : June 15, 2010

Form I Copy

Sample Number: L10040503-03
 Client ID: 54ASC03 4'
 Matrix: Soil
 Workgroup Number: WG329492
 Collect Date: 04/20/2010 09:15
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 04/26/2010 08:00
 Cal Date: 01/29/2010 18:23
 Run Date: 04/27/2010 18:31
 File ID: 4L017683.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	0.242	0.0966
2,4-Dinitrotoluene	121-14-2	9.38	J	0.242	0.0966
2,6-Dinitrotoluene	606-20-2	23.7	J	0.242	0.0966
2,4,6-Trinitrotoluene	118-96-7	124	J	0.242	0.0966
2-Amino-4,6-dinitrotoluene	35572-78-2	1.94	J	0.242	0.0966
2-Nitrotoluene	88-72-2		UJ	0.242	0.0966
4-Nitrotoluene	99-99-0		UJ	0.242	0.0966
4-Amino-2,6-dinitrotoluene	19406-51-0	10.5	J	0.242	0.0966
RDX	121-82-4		UJ	0.242	0.0966
Nitroglycerin	55-63-0	15.0	J	0.242	0.0966
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated ; the analyte concentration was greater than the highest standard

J Estimated concentration; sample matrix interference

Report Number: L10040503

Report Date : June 15, 2010

Form I Copy

Sample Number: L10040503-03

Client ID: 54ASC03 4'

Matrix: Soil

Workgroup Number: WG329492

Collect Date: 04/20/2010 09:15

Sample Tag: CF1

PrePrep Method: NONE

Prep Method: METHOD

Analytical Method: 8330B

Analyst: JWR

Dilution: 1

Units: mg/kg

Instrument: HPLC4

Prep Date: 04/26/2010 08:00

Cal Date: 01/29/2010 18:23

Run Date: 04/30/2010 09:24

File ID: 4L017791.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	0.242	0.0966
2,4-Dinitrotoluene	121-14-2	9.44	J	0.242	0.0966
2,6-Dinitrotoluene	606-20-2	24.1	J	0.242	0.0966
2,4,6-Trinitrotoluene	118-96-7	138	J	0.242	0.0966
2-Amino-4,6-dinitrotoluene	35572-78-2	2.50	J	0.242	0.0966
2-Nitrotoluene	88-72-2		UJ	0.242	0.0966
4-Nitrotoluene	99-99-0		UJ	0.242	0.0966
4-Amino-2,6-dinitrotoluene	19406-51-0	1.60	J	0.242	0.0966
RDX	121-82-4		UJ	0.242	0.0966
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	155	50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated concentration; sample matrix interference

Report Number: L10040503

Report Date : June 15, 2010

Form I Copy

Sample Number: L10040503-03
 Client ID: 54ASC03 4'
 Matrix: Soil
 Workgroup Number: WG329492
 Collect Date: 04/20/2010 09:15
 Sample Tag: DL01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 5
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 04/26/2010 08:00
 Cal Date: 01/29/2010 18:23
 Run Date: 05/06/2010 16:35
 File ID: 4L017830.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	1.21	0.483
2,4-Dinitrotoluene	121-14-2	9.02	J	1.21	0.483
2,6-Dinitrotoluene	606-20-2	23.0	J	1.21	0.483
2,4,6-Trinitrotoluene	118-96-7	124	J	1.21	0.483
2-Amino-4,6-dinitrotoluene	35572-78-2	1.95	J	1.21	0.483
2-Nitrotoluene	88-72-2		U	1.21	0.483
4-Nitrotoluene	99-99-0		U	1.21	0.483
4-Amino-2,6-dinitrotoluene	19406-51-0	10.1	J	1.21	0.483
RDX	121-82-4		U	1.21	0.483
Nitroglycerin	55-63-0	15.2	J	1.21	0.483
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	*	

U Not detected at or above the LOQ.

* Surrogate or spike compound out of range

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10040503

Report Date : June 15, 2010

Form I Copy

Sample Number: L10040503-03

Client ID: 54ASC03 4'

Matrix: Soil

Workgroup Number: WG329492

Collect Date: 04/20/2010 09:15

Sample Tag: CFDL1

PrePrep Method: NONE

Prep Method: METHOD

Analytical Method: 8330B

Analyst: JWR

Dilution: 5

Units: mg/kg

Instrument: HPLC4

Prep Date: 04/26/2010 08:00

Cal Date: 01/29/2010 18:23

Run Date: 04/30/2010 12:03

File ID: 4L017794.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	1.21	0.483
2,4-Dinitrotoluene	121-14-2	9.62	J	1.21	0.483
2,6-Dinitrotoluene	606-20-2	24.4	J	1.21	0.483
2,4,6-Trinitrotoluene	118-96-7	137	J	1.21	0.483
2-Amino-4,6-dinitrotoluene	35572-78-2	2.32	J	1.21	0.483
2-Nitrotoluene	88-72-2		UJ	1.21	0.483
4-Nitrotoluene	99-99-0		UJ	1.21	0.483
4-Amino-2,6-dinitrotoluene	19406-51-0	1.16	J	1.21	0.483
RDX	121-82-4		UJ	1.21	0.483
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	34.9	50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated concentration; sample matrix interference

Report Number: L10040503

Report Date : June 15, 2010

Form I Copy

Sample Number: L10040503-04
 Client ID: 54ASC04 3'
 Matrix: Soil
 Workgroup Number: WG329492
 Collect Date: 04/20/2010 09:20
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 04/26/2010 08:00
 Cal Date: 01/29/2010 18:23
 Run Date: 04/27/2010 19:10
 File ID: 4L017684.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.242	0.0969
2,4-Dinitrotoluene	121-14-2		U	0.242	0.0969
2,6-Dinitrotoluene	606-20-2		U	0.242	0.0969
2,4,6-Trinitrotoluene	118-96-7		U	0.242	0.0969
2-Amino-4,6-dinitrotoluene	35572-78-2		U	VL 0.242	0.0969
2-Nitrotoluene	88-72-2		U	0.242	0.0969
4-Nitrotoluene	99-99-0		U	0.242	0.0969
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.242	0.0969
RDX	121-82-4		U	0.242	0.0969
Nitroglycerin	55-63-0		U	0.242	0.0969
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	93.8	50	150		

U Not detected at or above the LOQ.

Shaw Environmental, Inc.
2113 Emmorton Park Road
Edgewood, Maryland
410-612-6350
FAX: 410-612-6351



Shaw® Shaw Environmental, Inc.

MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Lead
Microbac Laboratories, Inc., SDG L10040503

DATE: June 10, 2010

The purpose of this memorandum is to present the data validation report for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on April 20, 2010. Solid samples were analyzed for lead using USEPA SW-846 3051A/6010B for ICP metals. A total of four solid samples were validated. The sample IDs are:

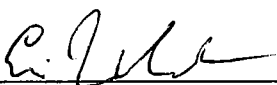
Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ASC01 6'	L10040503-01	54ASC03 4'	L10040503-03
54ASC02 6'	L10040503-02	54ASC04 3'	L10040503-04

Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Inorganic Data Review* (April, 1993). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Initial and Continuing Calibration
	X	Blank Analysis
	X	ICP Interference Check Sample (ICS)
	X	Laboratory Control Sample (LCS)
	X	Laboratory Sample Duplicate
	X	Matrix Spike and Spike Duplicate
	X	ICP Serial Dilution
	X	Field Sample Duplicate
	X	Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable.


Eric Malarek, Chemist

6/10/10
Date

**RFAAP VALIDATION REPORT
METALS REVIEW
SDG L10040503**

I-Holding Times and Preservation

The primary objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample analysis. Holding time criteria: For solid matrices, the samples are shipped at ambient temperature for ICP metals (cool @4°C±2°C if with other tests) with a maximum holding time is 180 days (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 04/20/10, the coolers were received by the primary laboratory (Microbac) on 04/21/10 at 0.0°C and 0.0°C. Even though the cooler temperatures were below criteria; there were no impacts for the sample analysis and no qualifiers were applied based upon these outliers.
- Holding Time Review: Samples were collected 04/20/10 for lead analysis. For solid samples, the soil samples were digested on 04/23/10 and analyzed on 04/26/10 for ICP metals. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Initial and Continuing Calibration

Requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable quantitative data. Initial calibration demonstrates that the instrument is capable of acceptable performance at the beginning of the analysis run, and continuing calibration verification documents that the initial calibration is still valid.

ICP: 1- blank (DoD QSM <½ MRL)
3 – standards (r≥0.995)
ICV/CCV (90-110%) (DoD QSM 90-110%)
MRL (70-130%) (DoD QSM 80-120%)
High Std. (95-105%)

- The solid samples were analyzed for ICP metals on 04/26/10. Lead was determined using linear regression with correlation coefficients ≥0.995. All ICV/CCV/High Standard/MRL criteria were met for lead for all runs. No qualifiers were applied.

III-Blanks

Blanks (preparation and calibration blanks) are assessed to determine the existence and magnitude of contamination problems. No contaminants should be detected (i.e. <MDL) in any of the associated blanks. DoD QSM limits are <½MRL for the method blank and <2*MDL for the calibration blanks. Samples are qualified "B" when they are less than 5x the absolute value of the maximum blank concentration. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 10 for ICP) if needed.

Table 2 Blank Contamination Analysis Summary

Analysis Date	Analysis	QC Blank ID	Max Conc. mg/kg	Action Level mg/kg	B qualified samples (for this SDG)
04/26/10	ICP Pb	ICB/CCBs	<2*MDL	NA	None
04/26/10	ICP Pb	WG329161-02	<1/2*MRL	NA	None

NA = Not Applicable

MDL = Method Detection Limit.

MRL = Method Reporting Limit.

IV-ICP Interference Check Sample (ICS)

The ICP interference check sample (ICS) verifies interelement and background correction factors. ICP Interference Check is performed at the beginning and end of each sample analysis run. Control limits are 80-120% (DoD QSM limits 80-120%).

- All criteria were met. No qualifiers were applied.

V-Laboratory Control Samples (LCS)

The laboratory control sample (LCS) serves as a monitor of the overall performance of each step during the analysis, including the sample preparation. All aqueous LCS results must fall within the control limits. The DoD QSM solid LCS recovery limits are specified in Table G-19 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used.

- Sample WG329161-03 was used as solid LCS for ICP metals analysis on 04/26/10. All criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04) apply to this LCS.

VI-Laboratory Duplicate Sample Analysis

Duplicate sample determinations are used to demonstrate acceptable method precision by the laboratory at the time of analysis. Duplicate analyses are also performed to generate data in order to determine the long-term precision of the analytical method on various matrices. RPDs must be within established control limits. DoD QSM limits for metals are 20% RPD for ICP metals.

- No laboratory duplicate was analyzed. Laboratory precision was evaluated using the Matrix Spike and Matrix Spike Duplicate (Section VII).

VII-Matrix Spike/Spike Duplicate

MS/MSD are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. Specific criteria include the analyses of matrix spike and matrix spike duplicate samples at a frequency of one MS and MSD per 20 samples of similar matrix. MS and MSD recoveries and relative percent differences between MS and MSD recoveries should be within the specified limits. DoD QSM solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-19 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. Post digestion spikes limits are 75-125% for ICP metals.

- Sample L10040541-01 was used as solid laboratory MS/MSD for ICP metals analysis on 04/26/10. The spiked sample was not a RFAAP site specific sample; therefore, was not evaluated. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04) apply to this MS/MSD.

VIII-ICP Serial Dilution

An ICP serial dilution is performed to determine whether significant physical or chemical interferences exist due to sample matrix at high concentrations. An analysis of a 5-fold dilution should agree within 10% difference of the original result when the concentration in sample is a factor of 50 above MDL.

- The serial dilution for ICP metals was analyzed on 04/26/10 using solid sample L10040541-04. The serial dilution sample was not a RFAAP site specific sample; therefore, was not evaluated. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04) apply to this serial dilution.

IX-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 35% RPD for the solid samples.

- No project specific solid field duplicate was analyzed with this SDG; therefore, it was not evaluated.

X-Quantitation Verification

The accuracy of analytical results is verified through the calculation of several parameters. The percent difference (%D) between the calculated and the reported values should be within 10%. Any sample value >MDL and <MRL or <3*MDL (whichever is greater) was qualified as estimated, "J." The following calculations were performed for verification.

Sample: 54ASC01 6' (L10040503-01), Lead

$$\text{Conc. (mg/kg)} = \{(\text{conc. } \mu\text{g/L}) * (\text{Final Volume L}) * (\text{DF})\} / \{(\text{Weight Sample g}) * (\text{Fraction Solids})\}$$

$$\text{Conc. (mg/kg)} = \{(730.04 \mu\text{g/L}) * (0.050 \text{ L}) * (1)\} / \{(1.347 \text{ g}) * (0.8550)\} = 31.7 \mu\text{g/g} = 31.7 \text{ mg/kg}$$

Reported concentration = 31.7 mg/kg

%D = 0.0%

Values were within 10% difference.

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	Estimated: The analyte was positively identified; the quantitation is estimation.
B	Blank contamination: The analyte was detected above one-half the reporting limit in an associated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% D for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Inorganic Data Review* (April, 1993).

Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-01
Client ID: 54ASC01 6'
Matrix: Soil
Workgroup Number: WG329218
Collect Date: 04/20/2010 09:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: KHR
Dilution: 1
Units: mg/kg

Instrument: ICP-THERMO2
Prep Date: 04/23/2010 08:22
Cal Date: 04/26/2010 10:18
Run Date: 04/26/2010 13:27
File ID: T2.042610.132733
Percent Solid: 85.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	31.7		4.34	0.434

1 of 4



Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-02	PrePrep Method: NONE	Instrument: ICP-THERMO2
Client ID: 54ASC02 6'	Prep Method: 3051A	Prep Date: 04/23/2010 08:22
Matrix: Soil	Analytical Method: 6010B	Cal Date: 04/26/2010 10:18
Workgroup Number: WG329218	Analyst: KHR	Run Date: 04/26/2010 13:33
Collect Date: 04/20/2010 09:10	Dilution: 1	File ID: T2.042610.133350
Sample Tag: 01	Units: mg/kg	Percent Solid: 89.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	16.6		4.21	0.421

2 of 4



Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-03
Client ID: 54ASC03 4'
Matrix: Soil
Workgroup Number: WG329218
Collect Date: 04/20/2010 09:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: KHR
Dilution: 1
Units: mg/kg

Instrument: ICP-THERMO2
Prep Date: 04/23/2010 08:22
Cal Date: 04/26/2010 10:18
Run Date: 04/26/2010 13:39
File ID: T2.042610.133959
Percent Solid: 91.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	811		3.84	0.384

3 of 4



Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-04	PrePrep Method: NONE	Instrument: ICP-THERMO2
Client ID: 54ASC04 3'	Prep Method: 3051A	Prep Date: 04/23/2010 08:22
Matrix: Soil	Analytical Method: 6010B	Cal Date: 04/26/2010 10:18
Workgroup Number: WG329218	Analyst: KHR	Run Date: 04/26/2010 13:46
Collect Date: 04/20/2010 09:20	Dilution: 1	File ID: T2.042610.134607
Sample Tag: 01	Units: mg/kg	Percent Solid: 90.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	9.75		4.02	0.402

4 of 4

Microbac

Report Number: L10040503

Report Date : April 28, 2010

Form I Copy

Sample Number: L10040503-01	PrePrep Method: NONE	Instrument: BAL001
Client ID: 54ASC01 6'	Prep Method: D2216-90	Prep Date: 04/28/2010 09:06
Matrix: Soil	Analytical Method: D2216-90	Cal Date:
Workgroup Number: WG329529	Analyst: JDH	Run Date: 04/28/2010 09:06
Collect Date: 04/20/2010 09:00	Dilution: 1	File ID: B1.329529-0111
Sample Tag: 01	Units: weight %	

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	85.5		1.00	1.00

1 of 4



Report Number: L10040503

Report Date : April 28, 2010

Form I Copy

Sample Number: L10040503-02
Client ID: 54ASC02 6'
Matrix: Soil
Workgroup Number: WG329529
Collect Date: 04/20/2010 09:10
Sample Tag: 01

PrePrep Method: NONE
Prep Method: D2216-90
Analytical Method: D2216-90
Analyst: JDE
Dilution: 1
Units: weight %

Instrument: BAL001
Prep Date: 04/28/2010 09:06
Cal Date:
Run Date: 04/28/2010 09:06
File ID: B1.329529-0112

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	89.0		1.00	1.00

2 of 4



Report Number: L10040503

Report Date : April 28, 2010

Form I Copy

Sample Number: L10040503-03
Client ID: 54ASC03 4'
Matrix: Soil
Workgroup Number: WG329529
Collect Date: 04/20/2010 09:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: D2216-90
Analytical Method: D2216-90
Analyst: JDH
Dilution: 1
Units: weight %

Instrument: BAL001
Prep Date: 04/28/2010 09:06
Cal Date:
Run Date: 04/28/2010 09:06
File ID: B1.329529-0113

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	91.5		1.00	1.00

3 of 4



Report Number: L10040503

Report Date : April 28, 2010

Form I Copy

Sample Number: L10040503-04
Client ID: 54ASC04 3'
Matrix: Soil
Workgroup Number: WG329529
Collect Date: 04/20/2010 09:20
Sample Tag: 01

PrePrep Method: NONE
Prep Method: D2216-90
Analytical Method: D2216-90
Analyst: JDH
Dilution: 1
Units: weight %

Instrument: BAL001
Prep Date: 04/28/2010 09:06
Cal Date:
Run Date: 04/28/2010 09:06
File ID: B1.329529-0114

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	90.8		1.00	1.00

4 of 4



Shaw Environmental, Inc.
2113 Emmorton Park Road
Edgewood, Maryland
410-612-6350
FAX: 410-612-6351



MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Dieldrin, Heptachlor Epoxide, and PCB 1254
Microbac Laboratories, Inc., SDG L10040503

DATE: June 10, 2010

The purpose of this memorandum is to present the data validation report for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on April 20, 2010. Solid samples were analyzed for select pesticides dieldrin and heptachlor epoxide using USEPA Method 3550B/8081A and for PCB 1254 using 3550B/8082. A total of seven solid samples (includes three re-analysis samples) were validated. The sample IDs are:

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ASC01 6'	L10040503-01	54ASC03 4'	L10040503-03RE
54ASC01 6'	L10040503-01RE	54ASC04 3'	L10040503-04
54ASC02 6'	L10040503-02	54ASC04 3'	L10040503-04RE
54ASC03 4'	L10040503-03		

Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Instrument Performance Check
	X	Initial Calibration
	X	Continuing Calibration
	X	Blank Analysis
X		System Monitoring Compounds
	X	Laboratory Control Sample and Laboratory Control Sample Duplicate
	X	Matrix Spike/Spike Duplicate
	X	Field Duplicate
X		Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable with noted qualifications. For samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04), one or more of the pesticide surrogate(s) were outside criteria. Samples 54ASC03 4' (L10040503-03RE) and 54ASC04 3' (L10040503-04RE) were re-analyzed "-RE" as part of QC procedures for pesticides. Samples 54ASC01 6' (L10040503-01RE) and 54ASC03 4' (L10040503-03RE) were also re-analyzed "-RE" as part of QC procedures for PCBs. The original parent samples should be used as best fit data with the other re-analysis samples provided as extra QC (See Section VI for further details). There were no impacts to the data completeness.



 Eric Malarek, Chemist

6/10/10

 Date

**RFAAP VALIDATION REPORT
SELECT PESTICIDE/PCB REVIEW
SDG L10040503**

I-Holding Times and Preservation

The objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample extraction and analysis. Holding time criteria: For solid samples, pesticide and PCB compounds are shipped cooled ($@4^{\circ}\text{C} \pm 2^{\circ}\text{C}$) with a maximum holding time of 14 days from sample collection to preparative extraction and 40 days from preparative extraction to determinative analysis (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 04/20/10, the coolers were received by the primary laboratory (Microbac) on 04/21/10 at 0.0°C and 0.0°C . Even though the cooler temperatures were below criteria; there were no impacts for the sample analysis and no qualifiers were applied based upon these outliers.
- Holding Time Review: The solid samples were collected on 04/20/09. The samples analyzed for select pesticides were extracted on 04/23/10 and analyzed on 04/27/10 and 04/29/10 (for re-analyzed "RE" samples). The samples analyzed for PCB 1254 were extracted on 04/28/10 and analyzed on 04/28/10 and 05/02/10 (for re-analyzed samples). Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Instrument Performance Check (Degradation Standard)

Performance checks on the gas chromatograph with electron capture detector (GC/ECD) system are performed to ensure adequate resolution and instrument sensitivity. The performance evaluation mixture (PEM) must be analyzed at the beginning of the analytical sequence. The breakdown of Endrin and 4,4'-DDT must be $\leq 15\%$ on both signals.

- For analysis performed on 04/26/10 @10:10, endrin and 4,4'-DDT percent breakdowns were 6.95% and 7.82%. All criteria were met. No qualifiers were applied.
- For analysis performed on 04/27/10 @05:22, endrin and 4,4'-DDT percent breakdowns were 8.21% and 9.20%. All criteria were met. No qualifiers were applied.
- For analysis performed on 04/29/10 @12:12, endrin and 4,4'-DDT percent breakdowns were 2.52% and 4.94%. All criteria were met. No qualifiers were applied.
- For analysis performed on 04/29/10 @08:58, endrin and 4,4'-DDT percent breakdowns were 2.41% and 3.09%. All criteria were met. No qualifiers were applied.

III-Initial Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. The initial 5 point calibration demonstrates that the instrument is capable of acceptable performance in the beginning of the analytical run. Calibration factors are generated for each compound. The DoD QSM specifies that the percent relative standard deviation (%RSD) for all single peak target analytes, and aroclors 1016, 1242, 1254, and 1260 must be <20% or the mean %RSD for all analytes in the standard must be $\leq 20\%$. If linear regression is used, the correlation coefficient must be ≥ 0.995 .

- For the pesticide initial calibration performed on 04/26/10 on instrument HP15, all criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), 54ASC03 4' (L10040503-03RE), 54ASC04 3' (L10040503-04) and 54ASC04 3' (L10040503-04RE) were analyzed using this initial calibration. Sample 54ASC01 6' (L10040503-01RE) was only analyzed for PCB1254.
- For the PCB initial calibration performed on 04/07/10 on instrument HP9, all criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04) were analyzed using this initial calibration.
- For the PCB 1254 initial calibration performed on 05/02/10 on instrument HP9, all criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01RE) and 54ASC03 4' (L10040503-03RE) were analyzed using this initial calibration. Sample 54ASC04 3' (L10040503-04RE) was only analyzed for pesticides.

IV-Continuing Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for pesticide/PCB target compounds. Continuing calibration standards containing both target compounds and surrogates are analyzed at the beginning of each 12-hour analytical shift and after every 20 samples. The DoD QSM specifies that the percent difference (%D) or the average %Ds for all analytes in the standard from the initial calibration should be no greater than $\pm 20\%$.

- For pesticide initial calibration verification performed on 04/26/10 @18:01 on instrument HP15, all criteria were met for all target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide initial calibration verification performed on 04/26/10 @18:29 on instrument HP15, all criteria were met for all target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide continuing calibration performed on 04/27/10 @00:10 on instrument HP15, all criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 04/27/10 @05:50 on instrument HP15, all criteria were met. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 04/29/10 @12:40 on instrument HP15, all criteria were met. No qualifiers were applied. Samples 54ASC03 4' (L10040503-03RE) and 54ASC04 3' (L10040503-04RE) were analyzed using this continuing calibration.

- For pesticide continuing calibration performed on 04/29/10 @09:44 on instrument HP15, all criteria were met. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For PCB 1254 initial calibration verification performed on 04/07/10 @18:02 on instrument HP9, PCB1254-2 (20.4%) and PCB1254-3 (20.7%) were outside criteria. The average %D for PCB1254 was 15.5%; therefore, no qualifiers were applied based upon these outliers. No samples reported were analyzed using this initial calibration verification.
- For PCB 1254 continuing calibration performed on 04/28/10 @16:06 on instrument HP9, all criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04) were analyzed using this continuing calibration.
- For PCB 1254 initial calibration verification performed on 05/02/10 @15:39 on instrument HP9, all criteria were met. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For PCB 1254 continuing calibration performed on 05/02/10 @22:15 on instrument HP9, all criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01RE) and 54ASC03 4' (L10040503-03RE) were analyzed using this continuing calibration.
- For PCB 1254 continuing calibration performed on 05/03/10 @02:08 on instrument HP9, all criteria were met. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For PCB 1254 continuing calibration performed on 05/03/10 @06:02 on instrument HP9, all criteria were met. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For PCB 1254 continuing calibration performed on 05/03/10 @10:32 on instrument HP9, all criteria were met. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.

V-Blank Analysis

The purpose of laboratory or field blank analyses is to determine the existence and magnitude of contamination problems resulting from laboratory or field activities. One method blank per analytical batch must be run on each instrument used to analyze samples. The DoD QSM criterion specifies all concentrations should be less than one-half MRL. Positive sample results are reported and qualified "B", if the concentration of the compound in the sample is ≤ 5 times (5X) the maximum amount for pesticide and PCB target compounds. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 33) if needed.

Table 2 Blank Contamination Analysis Summary

Parameter	Analysis Date	QC Blank ID	Compound	Max Conc. µg/kg	Action Level µg/kg	B qualified samples (for this SDG)
Pesticides	04/26/10	WG329155-01	All target <½MRL	NA	NA	None
Pesticides	04/29/10	WG329687-01	All target <½MRL	NA	NA	None
PCB 1254	04/28/10	WG329536-01	All target <½MRL	NA	NA	None
PCB 1254	05/02/10	WG329536-01	All target <½MRL	NA	NA	None

NA = Not Applicable

MRL = Method Reporting Limit

VI-System Monitoring Compound (Surrogates)

Laboratory performance on individual samples is evaluated through the review of surrogate spike samples. Surrogate spikes are added to all samples and blanks to measure their recovery in sample and blank matrices. The percent recoveries (%Rs) must be within the specified control limits. DoD surrogate recovery limits are specified in Table G-3 of the DoD QSM (DoD, 2009). If the surrogate is not listed, then the laboratory criteria shall be used.

Pesticides Solid Criteria: Tetrachloro-m-xylene: 70-125% (DoD QSM 70-125%)

Decachlorobiphenyl: 55-130% (DoD QSM 55-130%)

PCBs Solid Criteria:

Tetrachloro-m-xylene: 29-133% (DoD QSM None Listed)

Decachlorobiphenyl: 60-125% (DoD QSM 60-125%)

- For pesticide run for sample 54ASC01 6' (L10040503-01), surrogate tetrachloro-m-xylene (55.1%) was below criteria. All criteria were met for surrogate decachlorobiphenyl. Since only one surrogate was outside criteria; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC02 6' (L10040503-02), surrogate tetrachloro-m-xylene (52.3%) was below criteria. All criteria were met for surrogate decachlorobiphenyl. Since only one surrogate was outside criteria; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC03 4' (L10040503-03), surrogate tetrachloro-m-xylene (511%) and decachlorobiphenyl (47.8%) were outside criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers. The sample was re-analyzed with similar recoveries.
- For pesticide run for sample 54ASC03 4' (L10040503-03RE), surrogate tetrachloro-m-xylene (138%) and decachlorobiphenyl (36.7%) were outside criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers. The sample was re-analyzed.
- For pesticide run for sample 54ASC04 3' (L10040503-04), surrogate tetrachloro-m-xylene (50.5%) and decachlorobiphenyl (54.8%) were below criteria. All target pesticides were non-detect and were qualified estimated "UL" based upon the low recoveries. The sample was re-analyzed with only a single outlier.
- For pesticide run for sample 54ASC04 3' (L10040503-04RE), surrogate tetrachloro-m-xylene (55.1%) was below criteria. All criteria were met for surrogate decachlorobiphenyl. Since only one surrogate was outside criteria; no qualifiers were applied based upon this outlier.
- For all PCB runs, all criteria were met. No qualifiers were applied.

VII-Laboratory Control Sample and Laboratory Control Sample Duplicate

Laboratory control samples (LCS) are used to monitor laboratory accuracy by calculating the percent recoveries of the spiked compounds. All LCS percent recoveries must be within the specified control limits. DoD QSM solid LCS recovery limits are specified in Table G-15 and Table G-17 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for pesticides and PCBs is $\leq 30\%$ RPD.

- Samples WG329155-02 and WG329155-03 were used as the solid LCS/LCSD for the pesticide analysis on 04/26-27/10. All criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04) apply to this LCS/LCSD.

- Samples WG329687-02 and WG329687-03 were used as the solid LCS/LCSD for the pesticide re-analysis on 04/29/10. All criteria were met. No qualifiers were applied. Samples 54ASC03 4' (L10040503-03RE) and 54ASC04 3' (L10040503-04RE) apply to this LCS/LCSD.
- Samples WG329536-02 and WG329536-03 were used as the solid LCS/LCSD for the PCB 1254 analysis on 04/28/10. All criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), and 54ASC04 3' (L10040503-04) apply to this LCS/LCSD.
- Samples WG329536-02 and WG329536-03 were used as the solid LCS/LCSD for the PCB 1254 confirmation analysis on 05/02/10. All criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01RE) and 54ASC03 4' (L10040503-03RE) apply to this LCS/LCSD.

VIII-Matrix Spike/Matrix Spike Duplicate

Data for matrix spike/matrix spike duplicates (MS/MSD) are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. The percent recoveries (%Rs) and the relative percent difference (RPD) must be within the specified control limits. DoD solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-15 and Table G-17 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for pesticides and PCBs is $\leq 30\%$ RPD.

- No pesticide project specific MS/MSD was analyzed with this SDG; therefore, it was not evaluated. Samples 54ASC01 6' (L10040503-01), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), 54ASC03 4' (L10040503-03RE), 54ASC04 3' (L10040503-04) and 54ASC04 3' (L10040503-04RE) apply to this MS/MSD.
- No PCB project specific MS/MSD was analyzed with this SDG; therefore, it was not evaluated. All criteria were met. No qualifiers were applied. Samples 54ASC01 6' (L10040503-01), 54ASC01 6' (L10040503-01RE), 54ASC02 6' (L10040503-02), 54ASC03 4' (L10040503-03), 54ASC03 4' (L10040503-03RE), and 54ASC04 3' (L10040503-04) apply to this MS/MSD.

IX-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 50% RPD for the solid samples.

- No project specific solid field duplicate was analyzed with this SDG; therefore, it was not evaluated.

X-Quantitation Verification

The accuracy of analytical results was verified through the calculation of several parameters. The difference between the calculated value and the reported value must be within 10% difference. All positive values must have less than or equal to 40% %RPD between the primary and secondary columns. Any sample value $> \text{MDL}$ and $< \text{MRL}$ or $< 3 * \text{MDL}$ (whichever is greater) was qualified as estimated, "J."

- For all samples with detected chlorinated PCB 1254, the %RPD (average %RPD for multi-peak compounds) between the primary and secondary columns was within criteria.
- All chlorinated pesticides were non-detect. No confirmations were required.

Sample: WG329155-02-LCS, Dieldrin

$$\text{Conc. } \mu\text{g/kg} = (\text{Ax} * \text{Vt} * \text{DF}) / (\text{CF} * \text{Vi} * \text{Ws} * \text{D})$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$
Ax = Area/response for compound being measured.
Vt = Volume of total extract in (μL)
CF = Ave calibration response factor for compound being measured from ICAL (Area/pg)
Vi = Volume of extract injected (mL).
W(s) = Weight of sample extracted or diluted in grams.
D = Percent dry weight (100 - % moisture in sample)/100 = 1.0 for Wet Weight
DF = Dilution factor

$$\begin{aligned}\text{Conc. } \mu\text{g/kg} &= (4822400000\text{Area} * 10000\mu\text{L} * 1) / (117400000\text{Area/pg} * (1000\text{pg/ng}) * 1\mu\text{L} * 30.0\text{g} * 1.00) \\ &= 13.7 \mu\text{g/kg} \text{ (Signal \#1)}\end{aligned}$$

$$\begin{aligned}\text{Conc. } \mu\text{g/kg} &= (4228600000\text{Area} * 10000\mu\text{L} * 1) / (108000000\text{Area/pg} * (1000\text{pg/ng}) * 1\mu\text{L} * 30.0\text{g} * 1.00) \\ &= 13.1 \mu\text{g/kg} \text{ (Signal \#2)}\end{aligned}$$

Reported Value = 13.1 $\mu\text{g/kg}$ (Signal #2)

% Difference = 0.0%

Values were within 10% difference

Sample: 54ASC03 4' (L10040503-03 & L10040503-03RE), Aroclor 1254

$$\text{Conc. } \mu\text{g/kg} = (\text{Ax} * \text{Vt} * \text{DF}) / (\text{CF} * \text{Vi} * \text{Ws} * \text{D})$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$
Ax = Area/response for compound being measured.
Vt = Volume of total extract (μL).
CF = Ave calibration response factor for compound being measured from ICAL (Area/pg)
Vi = Volume of extract injected (μL).
W(s) = Weight of sample extracted or diluted in grams.
D = Percent dry weight (100 - % moisture in sample)/100 = 1.0 for Wet Weight
DF = Dilution factor

Original (L10040503-03):

$$\text{Conc1 } \mu\text{g/kg} = (0 * 10000 * 1) / (178500 * (1000) * 1 * 30.74 * 0.9150) = 0.00 \mu\text{g/kg}$$

$$\text{Conc2 } \mu\text{g/kg} = (310597711 * 10000 * 1) / (422500 * (1000) * 1 * 30.74 * 0.9150) = 261.36 \mu\text{g/kg}$$

$$\text{Conc3 } \mu\text{g/kg} = (269028197 * 10000 * 1) / (368600 * (1000) * 1 * 30.74 * 0.9150) = 259.49 \mu\text{g/kg}$$

$$\text{Conc4 } \mu\text{g/kg} = (192725071 * 10000 * 1) / (250100 * (1000) * 1 * 30.74 * 0.9150) = 273.97 \mu\text{g/kg}$$

$$\text{Conc5 } \mu\text{g/kg} = (216031523 * 10000 * 1) / (274300 * (1000) * 1 * 30.74 * 0.9150) = 280.01 \mu\text{g/kg}$$

Average concentration = 269 $\mu\text{g/kg}$ (Peaks 2 $\rightarrow$ 5)

Reported Value = 269 $\mu\text{g/kg}$ (Original)

% Difference = 0.0%

Values were within 10% difference.

Confirmation (L10040503-03RE):

Conc1 $\mu\text{g/kg}$ = $(93213522 \cdot 10000 \cdot 1) / (168800 \cdot (1000) \cdot 1 \cdot 30.74 \cdot 0.9150) = 196.33 \mu\text{g/kg}$

Conc2 $\mu\text{g/kg}$ = $(255051484 \cdot 10000 \cdot 1) / (330100 \cdot (1000) \cdot 1 \cdot 30.74 \cdot 0.9150) = 274.70 \mu\text{g/kg}$

Conc3 $\mu\text{g/kg}$ = $(355520817 \cdot 10000 \cdot 1) / (481600 \cdot (1000) \cdot 1 \cdot 30.74 \cdot 0.9150) = 262.45 \mu\text{g/kg}$

Conc4 $\mu\text{g/kg}$ = $(188451293 \cdot 10000 \cdot 1) / (225900 \cdot (1000) \cdot 1 \cdot 30.74 \cdot 0.9150) = 296.59 \mu\text{g/kg}$

Conc5 $\mu\text{g/kg}$ = $(384705667 \cdot 10000 \cdot 1) / (424900 \cdot (1000) \cdot 1 \cdot 30.74 \cdot 0.9150) = 321.90 \mu\text{g/kg}$

Average concentration = $270 \mu\text{g/kg}$

Reported Value = $271 \mu\text{g/kg}$ (Confirmation)

% Difference = 0.4%

Values were within 10% difference.

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	The reported result is an estimated value (e.g., matrix interference was observed or the analyte was detected at a concentration outside the quantitation range).
B	Blank contamination. The recorded result is associated with a contaminated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% RPD for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994).

Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-01
Client ID: 54ASC01 6'
Matrix: Soil
Workgroup Number: WG329279
Collect Date: 04/20/2010 09:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 04/23/2010 11:54
Cal Date: 04/26/2010 18:01
Run Date: 04/27/2010 03:29
File ID: 15G21086.R
Percent Solid: 85.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.05	0.409
Dieldrin	60-57-1		UJ	4.09	0.409
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	55.1	70	125	*	
Decachlorobiphenyl	60.9	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-02
Client ID: 54ASC02 6'
Matrix: Soil
Workgroup Number: WG329279
Collect Date: 04/20/2010 09:10
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 04/23/2010 11:54
Cal Date: 04/26/2010 18:01
Run Date: 04/27/2010 03:57
File ID: 15G21087.R
Percent Solid: 89.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.02	0.404
Dieldrin	60-57-1		UJ	4.04	0.404
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	52.3	70	125	*	
Decachlorobiphenyl	55.5	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-03
 Client ID: 54ASC03 4'
 Matrix: Soil
 Workgroup Number: WG329279
 Collect Date: 04/20/2010 09:15
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: ECL
 Dilution: 1
 Units: ug/kg

Instrument: HP15
 Prep Date: 04/23/2010 11:54
 Cal Date: 04/26/2010 18:01
 Run Date: 04/27/2010 04:25
 File ID: 15G21088.R
 Percent Solid: 91.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.78	0.355
Dieldrin	60-57-1		UJ	3.55	0.355
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	511	70	125	*	
Decachlorobiphenyl	47.8	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10040503

Report Date : May 10, 2010

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Sample Number: L10040503-03
 Client ID: 54ASC03 4'
 Matrix: Soil
 Workgroup Number: WG329772
 Collect Date: 04/20/2010 09:15
 Sample Tag: RE01

PrePrep Method: NONE
 Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: ECL
 Dilution: 1
 Units: ug/kg

Instrument: HP15
 Prep Date: 04/29/2010 08:09
 Cal Date: 04/26/2010 18:01
 Run Date: 04/29/2010 16:25
 File ID: 15G21151.F
 Percent Solid: 91.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.78	0.356
Dieldrin	60-57-1		UJ	3.56	0.356
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	138	70	125	*	
Decachlorobiphenyl	36.7	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-04
Client ID: 54ASC04 3'
Matrix: Soil
Workgroup Number: WG329279
Collect Date: 04/20/2010 09:20
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 04/23/2010 11:54
Cal Date: 04/26/2010 18:01
Run Date: 04/27/2010 04:54
File ID: 15G21089.R
Percent Solid: 90.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	VL 1.78	0.357
Dieldrin	60-57-1		UJ	VL 3.57	0.357
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	50.5	70	125	*	
Decachlorobiphenyl	54.8	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10040503

Report Date : May 10, 2010

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Sample Number: L10040503-04
Client ID: 54ASC04 3'
Matrix: Soil
Workgroup Number: WG329772
Collect Date: 04/20/2010 09:20
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 04/29/2010 08:09
Cal Date: 04/26/2010 18:01
Run Date: 04/29/2010 16:53
File ID: 15G21152.F
Percent Solid: 90.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.79	0.358
Dieldrin	60-57-1		UJ	3.58	0.358
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	55.1	70	125	*	
Decachlorobiphenyl	62.9	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10040503

Report Date : May 10, 2010

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Sample Number: L10040503-01
Client ID: 54ASC01 6'
Matrix: Soil
Workgroup Number: WG329599
Collect Date: 04/20/2010 09:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8082
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP9
Prep Date: 04/28/2010 08:00
Cal Date: 04/07/2010 17:09
Run Date: 04/28/2010 14:37
File ID: 9GF55645.F
Percent Solid: 85.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Aroclor-1254	11097-69-1	18.1	J	J 18.8	9.41
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	66.8	29	133		
Decachlorobiphenyl	68.6	60	125		

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10040503

Report Date : May 10, 2010

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Sample Number: L10040503-01
Client ID: 54ASC01 6'
Matrix: Soil
Workgroup Number: WG329599
Collect Date: 04/20/2010 09:00
Sample Tag: CF01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8082
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP9
Prep Date: 04/28/2010 08:00
Cal Date: 05/02/2010 13:34
Run Date: 05/02/2010 20:45
File ID: 9GR55955.R
Percent Solid: 85.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Aroclor-1254	11097-69-1	21.2		18.8	9.41
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	66.0	29	133		
Decachlorobiphenyl	67.3	60	125		

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Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-02

Client ID: 54ASC02 6'

Matrix: Soil

Workgroup Number: WG329599

Collect Date: 04/20/2010 09:10

Sample Tag: 01

PrePrep Method: NONE

Prep Method: 3550B

Analytical Method: 8082

Analyst: ECL

Dilution: 1

Units: ug/kg

Instrument: HP9

Prep Date: 04/28/2010 08:00

Cal Date: 04/07/2010 17:09

Run Date: 04/28/2010 14:55

File ID: 9GF55646.F

Percent Solid: 89.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Aroclor-1254	11097-69-1		U	18.2	9.11

Surrogate	% Recovery	Lower	Upper	Qual
2,4,5,6-Tetrachloro-m-xylene	75.7	29	133	
Decachlorobiphenyl	80.7	60	125	

U Not detected at or above the LOQ.



Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-03

Client ID: 54ASC03 4'

Matrix: Soil

Workgroup Number: WG329599

Collect Date: 04/20/2010 09:15

Sample Tag: 01

PrePrep Method: NONE

Prep Method: 3550B

Analytical Method: 8082

Analyst: ECL

Dilution: 1

Units: ug/kg

Instrument: HP9

Prep Date: 04/28/2010 08:00

Cal Date: 04/07/2010 17:09

Run Date: 04/28/2010 15:13

File ID: 9GF55647.F

Percent Solid: 91.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Aroclor-1254	11097-69-1	269		17.6	8.80

Surrogate	% Recovery	Lower	Upper	Qual
2,4,5,6-Tetrachloro-m-xylene	62.4	29	133	
Decachlorobiphenyl	71.4	60	125	

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Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-03
Client ID: 54ASC03 4'
Matrix: Soil
Workgroup Number: WG329599
Collect Date: 04/20/2010 09:15
Sample Tag: CF01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8082
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP9
Prep Date: 04/28/2010 08:00
Cal Date: 05/02/2010 13:34
Run Date: 05/02/2010 21:03
File ID: 9GR55956.R
Percent Solid: 91.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Aroclor-1254	11097-69-1	271		17.6	8.80
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	117	29	133		
Decachlorobiphenyl	80.4	60	125		

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Microbac

Report Number: L10040503

Report Date : May 10, 2010

Form I Copy

Sample Number: L10040503-04
Client ID: 54ASC04 3'
Matrix: Soil
Workgroup Number: WG329599
Collect Date: 04/20/2010 09:20
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8082
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP9
Prep Date: 04/28/2010 08:00
Cal Date: 04/07/2010 17:09
Run Date: 04/28/2010 15:30
File ID: 9GF55648.F
Percent Solid: 90.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Aroclor-1254	11097-69-1		U	18.0	9.02
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	78.3	29	133		
Decachlorobiphenyl	83.0	60	125		

U Not detected at or above the LOQ.



Shaw Environmental, Inc.
2113 Emmorton Park Road
Edgewood, Maryland
410-612-6350
FAX: 410-612-6351



MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Explosives
Microbac Laboratories, Inc., SDG L10050203

DATE: August 24, 2010

The purpose of this memorandum is to present the data validation report for the samples collected for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on April 6, 2010. Solid samples were analyzed for explosives using USEPA SW-846 8330B. A total of one solid sample was validated. The sample Id is:

Field Sample ID	Lab Sample ID
54BSC05 10'	L10050203-01

Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Blank Analysis
	X	Initial Calibration
	X	Continuing Calibration
	X	System Monitoring Compounds
	X	Laboratory Control Sample
	X	Matrix Spike/Spike Duplicate
	X	Field Duplicate
	X	Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable.


Eric Malarek, Chemist

8/24/12
Date

**RFAAP VALIDATION REPORT
EXPLOSIVES REVIEW
SDG L10050203**

I-Holding Times and Preservation

The objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample extraction and analysis. Holding time criteria: For solid samples, explosive compounds are shipped cooled ($@4^{\circ}\text{C} \pm 2^{\circ}\text{C}$) with a maximum holding time of 14 days from sample collection to preparative extraction and 40 days from preparative extraction to determinative analysis (USEPA criteria).

- **Temperature Review:** The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 05/06/10, the cooler were received by the primary laboratory (Microbac) on 05/07/10 at 3.0°C and 2.0°C . All criteria were met. No qualifiers were applied.
- **Holding Time Review:** The solid sample was collected on 05/06/10. The sample was extracted on 05/12/10 and analyzed on 05/17/10 for PETN and 05/14/10 for other explosives. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Blank Analysis

The purpose of laboratory or field blank analyses is to determine the existence and magnitude of contamination problems resulting from laboratory or field activities. One method blank per analytical batch must be run on each instrument used to analyze samples. No contaminants should be present in the blanks. The DoD QSM criterion specifies all concentrations should be less than one-half MRL. Positive sample results are reported and qualified "B", if the concentration of the compound in the sample is ≤ 5 times (5x) the maximum amount for explosive target compounds. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 10) if needed.

Table 2 Blank Contamination Analysis Summary

Analysis Date	QC Blank ID	Compound	Max Conc. mg/kg	Action Level mg/kg	B qualified samples (for this SDG)
05/14/10	WG331164-02	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None
05/15/10	WG331164-02	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None
05/17/10	WG331164-02	PETN $< \frac{1}{2}$ MRL	NA	NA	None

MRL = Method Reporting Limit
NA = Not Applicable

III-Initial Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. The initial 5-point calibration demonstrates that the instrument is capable of acceptable performance in the beginning of the analytical run. The DoD QSM specifies that the correlation coefficient must be ≥ 0.995 and/or the percent relative standard deviation (%RSD) must be $\leq 20\%$.

- For the explosives initial calibration performed on 05/13/10 on instrument HPLC4, all criteria were met for target explosives compounds. All target compounds were determined using linear regression with correlation coefficients ≥ 0.995 . No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this initial calibration.
- For the explosives initial calibration performed on 05/15/10 on instrument HPLC4, all criteria were met for target explosives compounds. All target compounds were determined using linear regression with correlation coefficients ≥ 0.995 . No qualifiers were applied. No soil samples reported apply to this initial calibration.
- For the PETN initial calibration performed on 08/27/09 on instrument HPLC4, all criteria were met. All target compounds were determined using linear regression with correlation coefficients ≥ 0.995 . No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this initial calibration.

IV-Continuing Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. Continuing calibration standards are analyzed after every 10 injections, and at the end of the analysis sequence. The DoD QSM specifies that the percent difference (%D) from initial calibration should be no greater than $\pm 20\%$.

- For explosives initial calibration verification performed on 05/13/10 @23:01 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this initial verification calibration.
- For explosives continuing calibration performed on 05/14/10 @08:10 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 05/14/10 @15:30 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives initial calibration verification performed on 05/15/10 @18:15 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this initial verification calibration.
- For explosives continuing calibration performed on 05/16/10 @04:53 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For PETN initial calibration verification performed on 08/27/09 @11:35 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this initial verification calibration.

- For PETN continuing calibration performed on 05/17/10 @19:15 on instrument HPLC4, all criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this continuing calibration.
- For PETN continuing calibration performed on 05/17/10 @22:44 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For PETN continuing calibration performed on 05/17/10 @23:49 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.

V-System Monitoring Compound (Surrogates)

Laboratory performance on individual samples is established by means of spiking activities. The percent recovery (%R) for all samples and blanks must be within the laboratory control limits. DoD surrogate recovery limits are specified in Table G-3 of the DoD QSM (DoD, 2009). If the surrogate is not listed, then the laboratory criteria shall be used.

Solid Criteria: 1,2-dinitrobenzene (50-150%)

- All criteria were met. No qualifiers were applied.

VI-Laboratory Control Sample

Laboratory control samples (LCS) are used to monitor long-term accuracy of the analytical method. The analysis is performed at a frequency of 1 per analytical batch. The percent recoveries (%Rs) must be within the laboratory control limits. DoD QSM solid LCS recovery limits are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used.

- Sample WG331164-03 was used as solid LCS for explosives analyzed on 05/14/10. All criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this LCS.
- Sample WG331164-03 was used as solid LCS for explosives analyzed on 05/15/10. All criteria were met. No qualifiers were applied. No samples reported apply to this LCS.
- Sample WG331164-06 was used as solid LCS for PETN analyzed on 05/17/10. All criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this LCS.

VII-Matrix Spike/Matrix Spike Duplicate

Data for matrix spike/matrix spike duplicates (MS/MSD) are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. The percent recoveries (%Rs) and the relative percent difference (RPD) must be within the laboratory control limits. DoD QSM solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for explosives is $\leq 20\%$ RPD.

- Sample 54BDW37 10' (L10050203-14) was used as the solid MS/MSD for the explosives analysis on 05/14/10. Tetryl (RPD=54.8%) was outside criteria. For all other target compounds, all criteria were met. All associated samples were non-detect; therefore, no qualifiers were applied based upon this outlier. Sample 54BSC05 10' (L10050203-01) applies to this MS/MSD.

VIII-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 50% RPD for the solid samples.

- No project specific solid field duplicate was analyzed with this SDG; therefore, field duplicate was not evaluated.

IX-Quantitation Verification

The accuracy of analytical results was verified through the calculation of several parameters. The calculation was based: calibration factors. The absolute percent difference (%D) between the calculated and the reported value must be within 10% difference. All positive values must have less than or equal to 40% %D between the primary and secondary columns.

- All values >MDL and <MRL or <3*MDL (whichever was greater) were qualified as estimated "J".
- All explosives were non-detect. No confirmations were required.

Sample: WG331164-03 LCS, 2,6-dinitrotoluene

$$Y = mX + b$$

Y = Area of target compound for sample

m = slope of curve = 0.2881566

X = Amount on column

b = Y-intercept = -0.4718702

Given:

m = 0.2881566

b = -0.4718702

Y = Area = 36.73383

$$X = 129.12$$

$$\text{Conc. } \mu\text{g/kg} = (A_x * V_t * DF) / (W_s * D)$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$

A_x = Amount of compound being measured (ng/mL).

V_t = Volume of total extract (mL).

$W(s)$ = Weight of sample (g).

D = Percent dry weight (100 - % moisture in sample)/100 (Air dried = 1.000)

DF = Dilution factor

$$\text{Conc. } \mu\text{g/kg} = (129.12 * 40 * 1) / (10.00 * 1.000) = 516.47 \mu\text{g/kg} = 0.516 \text{ mg/kg}$$

Reported Value = 0.516 mg/kg

% Difference = 0.0%

Values were within 10% difference

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	Estimated: The analyte was positively identified; the quantitation is estimation.
B	Blank contamination: The analyte was detected above one-half the reporting limit in an associated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% D for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994).

Report Number: L10050203

Report Date : May 21, 2010

Form I Copy

Sample Number: L10050203-01
 Client ID: 54BSC05 10'
 Matrix: Soil
 Workgroup Number: WG331350
 Collect Date: 05/06/2010 11:00
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 05/12/2010 06:00
 Cal Date: 05/13/2010 20:25
 Run Date: 05/14/2010 04:54
 File ID: 4L017949.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3,5-Trinitrobenzene	99-35-4		U	0.250	0.100
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
3-Nitrotoluene	99-08-1		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
HMX	2691-41-0		U	0.250	0.100
Nitrobenzene	98-95-3		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Tetryl	479-45-8		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	91.0	50	150		

U Not detected at or above the LOQ.

Report Number: L10050203

Report Date : May 21, 2010

Form I Copy

Sample Number: L10050203-01
Client ID: 54BSC05 10'
Matrix: Soil
Workgroup Number: WG331350
Collect Date: 05/06/2010 11:00
Sample Tag: 02

PrePrep Method: NONE
Prep Method: METHOD
Analytical Method: 8330B
Analyst: JWR
Dilution: 1
Units: mg/kg

Instrument: HPLC4
Prep Date: 05/12/2010 06:00
Cal Date: 05/15/2010 17:22
Run Date: 05/17/2010 20:03
File ID: 4L017994.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
PETN	78-11-5		U	0.250	0.100

U Not detected at or above the LOQ.



Shaw Environmental, Inc.
2113 Emmorton Park Road
Edgewood, Maryland
410-612-6350
FAX: 410-612-6351



MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Lead
Microbac Laboratories, Inc., SDG L10050203

DATE: August 25, 2010

The purpose of this memorandum is to present the data validation report for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on May 6, 2010. Solid samples were analyzed for lead using USEPA SW-846 3051A/6010B for ICP metals. A total of one solid sample was validated. The sample Id is:

Field Sample ID	Lab Sample ID
54BSC05 10'	L10050203-01

Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Inorganic Data Review* (April, 1993). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Initial and Continuing Calibration
	X	Blank Analysis
	X	ICP Interference Check Sample (ICS)
	X	Laboratory Control Sample (LCS)
	X	Laboratory Sample Duplicate
	X	Matrix Spike and Spike Duplicate
	X	ICP Serial Dilution
	X	Field Sample Duplicate
	X	Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable.


Eric Malarek, Chemist

8/25/10
Date

**RFAAP VALIDATION REPORT
METALS REVIEW
SDG L10050203**

I-Holding Times and Preservation

The primary objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample analysis. Holding time criteria: For solid matrices, the samples are shipped at ambient temperature for ICP metals (cool @4°C±2°C if with other tests) with a maximum holding time is 180 days (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 05/06/10, the cooler were received by the primary laboratory (Microbac) on 05/07/10 at 3.0°C and 2.0°C. All criteria were met. No qualifiers were applied.
- Holding Time Review: Samples were collected 05/06/10 for lead analysis. For solid samples, the soil samples were digested on 05/10/10 and analyzed on 05/13/10 for ICP metals. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Initial and Continuing Calibration

Requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable quantitative data. Initial calibration demonstrates that the instrument is capable of acceptable performance at the beginning of the analysis run, and continuing calibration verification documents that the initial calibration is still valid.

ICP: 1- blank (DoD QSM <½ MRL)
3 – standards (r≥0.995)
ICV/CCV (90-110%) (DoD QSM 90-110%)
MRL (70-130%) (DoD QSM 80-120%)
High Std. (95-105%)

- The solid samples were analyzed for ICP metals on 05/13/10. Lead was determined using linear regression with a correlation coefficient ≥0.995. All ICV/CCV/High Standard/MRL criteria were met for lead for all runs. No qualifiers were applied.

III-Blanks

Blanks (preparation and calibration blanks) are assessed to determine the existence and magnitude of contamination problems. No contaminants should be detected (i.e. <MDL) in any of the associated blanks. DoD QSM limits are <½MRL for the method blank and <2*MDL for the calibration blanks. Samples are qualified "B" when they are less than 5x the absolute value of the maximum blank concentration. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 10 for ICP) if needed.

Table 2 Blank Contamination Analysis Summary

Analysis Date	Analysis	QC Blank ID	Max Conc. mg/kg	Action Level mg/kg	B qualified samples (for this SDG)
05/13/10	ICP Pb	ICB/CCBs	<2*MDL	NA	None
05/13/10	ICP Pb	WG330951-02	<1/2*MRL	NA	None

NA = Not Applicable

MDL = Method Detection Limit.

MRL = Method Reporting Limit.

IV-ICP Interference Check Sample (ICS)

The ICP interference check sample (ICS) verifies interelement and background correction factors. ICP Interference Check is performed at the beginning and end of each sample analysis run. Control limits are 80-120% (DoD QSM limits 80-120%).

- All criteria were met. No qualifiers were applied.

V-Laboratory Control Samples (LCS)

The laboratory control sample (LCS) serves as a monitor of the overall performance of each step during the analysis, including the sample preparation. All aqueous LCS results must fall within the control limits. The DoD QSM solid LCS recovery limits are specified in Table G-19 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used.

- Sample WG330951-03 was used as solid LCS for ICP metals analysis on 05/13/10. All criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this LCS.

VI-Laboratory Duplicate Sample Analysis

Duplicate sample determinations are used to demonstrate acceptable method precision by the laboratory at the time of analysis. Duplicate analyses are also performed to generate data in order to determine the long-term precision of the analytical method on various matrices. RPDs must be within established control limits. DoD QSM limits for metals are 20% RPD for ICP metals.

- No laboratory duplicate was analyzed. Laboratory precision was evaluated using the Matrix Spike and Matrix Spike Duplicate (Section VII).

VII-Matrix Spike/Spike Duplicate

MS/MSD are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. Specific criteria include the analyses of matrix spike and matrix spike duplicate samples at a frequency of one MS and MSD per 20 samples of similar matrix. MS and MSD recoveries and relative percent differences between MS and MSD recoveries should be within the specified limits. DoD QSM solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-19 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. Post digestion spikes limits are 75-125% for ICP metals.

- Sample L10050151-20 was used as solid laboratory MS/MSD for ICP metals analysis on 05/13/10. The spiked sample was not a RFAAP site specific sample; therefore, was not evaluated. Sample 54BSC05 10' (L10050203-01) applies to this MS/MSD.

VIII-ICP Serial Dilution

An ICP serial dilution is performed to determine whether significant physical or chemical interferences exist due to sample matrix at high concentrations. An analysis of a 5-fold dilution should agree within 10% difference of the original result when the concentration in sample is a factor of 50 above MDL.

- The serial dilution for ICP metals was analyzed on 05/13/10 using solid sample L10050151-03. The serial dilution sample was not a RFAAP site specific sample; therefore, was not evaluated. Sample 54BSC05 10' (L10050203-01) applies to this serial dilution.

IX-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 35% RPD for the solid samples.

- No project specific solid field duplicate was analyzed with this SDG; therefore, it was not evaluated.

X-Quantitation Verification

The accuracy of analytical results is verified through the calculation of several parameters. The percent difference (%D) between the calculated and the reported values should be within 10%. Any sample value >MDL and <MRL or <3*MDL (whichever is greater) was qualified as estimated, "J." The following calculations were performed for verification.

Sample: 54BSC05 10' (L10050203-01), Lead

$$\text{Conc. (mg/kg)} = \{(\text{conc. } \mu\text{g/L}) * (\text{Final Volume L}) * (\text{DF})\} / \{(\text{Weight Sample g}) * (\text{Fraction Solids})\}$$

$$\text{Conc. (mg/kg)} = \{(160.19 \mu\text{g/L}) * (0.050 \text{ L}) * (1)\} / \{(1.482 \text{ g}) * (0.8180)\} = 6.61 \mu\text{g/g} = 6.61 \text{ mg/kg}$$

Reported concentration = 6.61 mg/kg

%D = 0.0%

Values were within 10% difference.

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	Estimated: The analyte was positively identified; the quantitation is estimation.
B	Blank contamination: The analyte was detected above one-half the reporting limit in an associated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% D for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Inorganic Data Review* (April, 1993).

Report Number: L10050203
Report Date : May 21, 2010

MICROBAC LABORATORIES INC.

Form I Copy

Sample Number: L10050203-01
Client ID: 54BSC05 10'
Matrix: Soil
Workgroup Number: WG331019
Collect Date: 05/06/2010 11:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: JYH
Dilution: 1
Units: mg/kg

Instrument: IRIS-ICP
Prep Date: 05/10/2010 10:44
Cal Date: 05/13/2010 10:54
Run Date: 05/13/2010 12:07
File ID: IR.051310.120734
Percent Solid: 81.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	6.61		4.12	0.412

Shaw Environmental, Inc.
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410-612-6350
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MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Dieldrin, Heptachlor Epoxide, and PCB 1254
Microbac Laboratories, Inc., SDG L10050203

DATE: August 24, 2010

The purpose of this memorandum is to present the data validation report for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on May 6, 2010. Solid samples were analyzed for select pesticides dieldrin and heptachlor epoxide using USEPA Method 3550B/8081A and for PCB 1254 using 3550B/8082. A total of two solid samples (one re-analysis for pesticides) were validated. The sample IDs are:

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54BSC05 10'	L10050203-01	54ASC05 10'	L10050203-01RE

Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Instrument Performance Check
	X	Initial Calibration
	X	Continuing Calibration
	X	Blank Analysis
X		System Monitoring Compounds
	X	Laboratory Control Sample and Laboratory Control Sample Duplicate
	X	Matrix Spike/Spike Duplicate
	X	Field Duplicate
	X	Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable with noted qualifications. For sample 54BSC05 10' (L10050203-01), one or more of the pesticide surrogate(s) were outside criteria. Sample 54BSC05 10' (L10050203-01RE) was re-analyzed "-RE" as part of QC procedures for pesticides. The original parent samples should be used as best fit data with the other re-analysis samples provided as extra QC (See Section VI for further details). There were no impacts to the data completeness.


 Eric Malarek, Chemist

8/24/10
 Date

**RFAAP VALIDATION REPORT
SELECT PESTICIDE/PCB REVIEW
SDG L10050203**

I-Holding Times and Preservation

The objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample extraction and analysis. Holding time criteria: For solid samples, pesticide and PCB compounds are shipped cooled ($@4^{\circ}\text{C} \pm 2^{\circ}\text{C}$) with a maximum holding time of 14 days from sample collection to preparative extraction and 40 days from preparative extraction to determinative analysis (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 05/06/10, the cooler were received by the primary laboratory (Microbac) on 05/07/10 at 3.0°C and 2.0°C . All criteria were met. No qualifiers were applied.
- Holding Time Review: The solid sample was collected on 05/06/10. The sample analyzed for select pesticides was extracted on 05/11/10 (05/14/10 for the re-analyzed "RE" sample) and analyzed on 05/13/10 (05/17/10 for the re-analyzed "RE" sample). The sample analyzed for PCB 1254 was extracted on 05/17/10 and analyzed on 05/17/10. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Instrument Performance Check (Degradation Standard)

Performance checks on the gas chromatograph with electron capture detector (GC/ECD) system are performed to ensure adequate resolution and instrument sensitivity. The performance evaluation mixture (PEM) must be analyzed at the beginning of the analytical sequence. The breakdown of Endrin and 4,4'-DDT must be $\leq 15\%$ on both signals.

- For analysis performed on 05/12/10 @15:00, endrin and 4,4'-DDT percent breakdowns were 2.96% and 2.04%. All criteria were met. No qualifiers were applied.
- For analysis performed on 05/12/10 @15:28, endrin and 4,4'-DDT percent breakdowns were 7.32% and 3.40%. All criteria were met. No qualifiers were applied.
- For analysis performed on 05/13/10 @06:17, endrin and 4,4'-DDT percent breakdowns were 3.07% and 3.10%. All criteria were met. No qualifiers were applied.
- For analysis performed on 05/13/10 @06:45, endrin and 4,4'-DDT percent breakdowns were 8.63% and 3.35%. All criteria were met. No qualifiers were applied.
- For analysis performed on 05/17/10 @11:55, endrin and 4,4'-DDT percent breakdowns were 3.97% and 2.73%. All criteria were met. No qualifiers were applied.
- For analysis performed on 05/17/10 @12:24, endrin and 4,4'-DDT percent breakdowns were 8.78% and 3.96%. All criteria were met. No qualifiers were applied.
- For analysis performed on 05/18/10 @09:39, endrin and 4,4'-DDT percent breakdowns were 2.27% and 3.90%. All criteria were met. No qualifiers were applied.
- For analysis performed on 05/18/10 @10:07, endrin and 4,4'-DDT percent breakdowns were 9.35% and 3.56%. All criteria were met. No qualifiers were applied.

III-Initial Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. The initial 5 point calibration demonstrates that the instrument is capable of acceptable performance in the beginning of the analytical run. Calibration factors are generated for each compound. The DoD QSM specifies that the percent relative standard deviation (%RSD) for all single peak target analytes, and aroclors 1016, 1242, 1254, and 1260 must be $<20\%$ or the mean %RSD for all analytes in the standard must be $\leq 20\%$. If linear regression is used, the correlation coefficient must be ≥ 0.995 .

- For the pesticide initial calibration performed on 05/05/10 on instrument HP15, all criteria were met. No qualifiers were applied. Samples 54BSC05 10' (L10050203-01) and 54BSC05 10' (L10050203-01RE) were analyzed using this initial calibration.
- For the PCB 1254 initial calibration performed on 05/12/10 on instrument HP9, all criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) was analyzed using this initial calibration. Sample 54BSC05 10' (L10050203-01RE) was analyzed only for pesticides.

IV-Continuing Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for pesticide/PCB target compounds. Continuing calibration standards containing both target compounds and surrogates are analyzed at the beginning of each 12-hour analytical shift and after every 20 samples. The DoD QSM specifies that the percent difference (%D) or the average %Ds for all analytes in the standard from the initial calibration should be no greater than $\pm 20\%$.

- For pesticide initial calibration verification performed on 05/05/10 @22:33 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide initial calibration verification performed on 05/05/10 @23:02 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide continuing calibration performed on 05/12/10 @21:48 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) was analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 05/12/10 @22:16 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) was analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 05/13/10 @03:28 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 05/13/10 @03:56 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 05/17/10 @12:24 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01RE) was analyzed using this continuing calibration.

- For pesticide continuing calibration performed on 05/17/10 @12:52 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01RE) was analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 05/17/10 @20:53 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 05/17/10 @21:21 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 05/18/10 @03:02 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For PCB 1254 initial calibration verification performed on 05/12/10 @13:49 on instrument HP9, all criteria were met. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For PCB 1016/1260 continuing calibration performed on 05/17/10 @19:31 on instrument HP9, all criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) was analyzed using this continuing calibration.
- For PCB 1016/1260 continuing calibration performed on 05/17/10 @22:27 on instrument HP9, all criteria were met. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.

V-Blank Analysis

The purpose of laboratory or field blank analyses is to determine the existence and magnitude of contamination problems resulting from laboratory or field activities. One method blank per analytical batch must be run on each instrument used to analyze samples. The DoD QSM criterion specifies all concentrations should be less than one-half MRL. Positive sample results are reported and qualified "B", if the concentration of the compound in the sample is ≤ 5 times (5X) the maximum amount for pesticide and PCB target compounds. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 33) if needed.

Table 2 Blank Contamination Analysis Summary

Parameter	Analysis Date	QC Blank ID	Compound	Max Conc. $\mu\text{g/kg}$	Action Level $\mu\text{g/kg}$	B qualified samples (for this SDG)
Pesticides	05/12/10	WG331043-02	All target $< \frac{1}{2}$ MRL	NA	NA	None
Pesticides	05/17/10	WG331467-01	All target $< \frac{1}{2}$ MRL	NA	NA	None
PCB 1254	05/17/10	WG331544-01	All target $< \frac{1}{2}$ MRL	NA	NA	None

NA = Not Applicable

MRL = Method Reporting Limit

VI-System Monitoring Compound (Surrogates)

Laboratory performance on individual samples is evaluated through the review of surrogate spike samples. Surrogate spikes are added to all samples and blanks to measure their recovery in sample and blank matrices. The percent recoveries (%Rs) must be within the specified control limits. DoD surrogate recovery limits are specified in Table G-3 of the DoD QSM (DoD, 2009). If the surrogate is not listed, then the laboratory criteria shall be used.

Pesticides Solid Criteria: Tetrachloro-m-xylene: 70-125% (DoD QSM 70-125%)
Decachlorobiphenyl: 55-130% (DoD QSM 55-130%)

PCBs Solid Criteria: Tetrachloro-m-xylene: 29-133% (DoD QSM None Listed)
Decachlorobiphenyl: 60-125% (DoD QSM 60-125%)

- For pesticide run for sample 54BSC05 10' (L10050203-01), surrogate tetrachloro-m-xylene (64.2%) was below criteria. All criteria were met for surrogate decachlorobiphenyl. Since only one surrogate was outside criteria; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54BSC05 10' (L10050203-01RE), surrogate tetrachloro-m-xylene (41.4%) and decachlorobiphenyl (47.0%) were outside criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers.
- For all PCB runs, all criteria were met.

VII-Laboratory Control Sample and Laboratory Control Sample Duplicate

Laboratory control samples (LCS) are used to monitor laboratory accuracy by calculating the percent recoveries of the spiked compounds. All LCS percent recoveries must be within the specified control limits. DoD QSM solid LCS recovery limits are specified in Table G-15 and Table G-17 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for pesticides and PCBs is $\leq 30\%$ RPD.

- Sample WG331043-03 was used as the solid LCS for the pesticide analysis on 05/12/10. All criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this LCS.
- Samples WG331467-02 and WG331467-03 were used as the solid LCS/LCSD for the pesticide re-analysis on 05/17/10. All criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01RE) applies to this LCS/LCSD.
- Sample WG331544-02 and WG331544-03 were used as the solid LCS/LCSD for the PCB 1254 analysis on 05/17/10. All criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this LCS/LCSD.

VIII-Matrix Spike/Matrix Spike Duplicate

Data for matrix spike/matrix spike duplicates (MS/MSD) are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. The percent recoveries (%Rs) and the relative percent difference (RPD) must be within the specified control limits. DoD solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-15 and Table G-17 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for pesticides and PCBs is $\leq 30\%$ RPD.

- Sample 54BDW37 10' (L10050203-14) was used as the solid MS/MSD for the pesticide analysis on 05/12/10. All criteria were met. No qualifiers were applied. Samples 54BSC05 10' (L10050203-01) and 54BSC05 10' (L10050203-01RE) apply to this MS/MSD.

- No PCB project specific MS/MSD was analyzed with this SDG; therefore, it was not evaluated. All criteria were met. No qualifiers were applied. Sample 54BSC05 10' (L10050203-01) applies to this MS/MSD.

IX-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 50% RPD for the solid samples.

- No project specific solid field duplicate was analyzed with this SDG; therefore, it was not evaluated.

X-Quantitation Verification

The accuracy of analytical results was verified through the calculation of several parameters. The difference between the calculated value and the reported value must be within 10% difference. All positive values must have less than or equal to 40% %RPD between the primary and secondary columns. Any sample value >MDL and <MRL or <3*MDL (whichever is greater) was qualified as estimated, "J."

- For sample 54BSC05 10' (L10050203-01), one or more of the pesticide surrogate(s) were outside criteria. Sample 54BSC05 10' (L10050203-01RE) was re-analyzed "-RE" as part of QC procedures for pesticides. The original parent samples should be used as best fit data with the other re-analysis samples provided as extra QC (See Section VI for further details). There were no impacts to the data completeness.
- All chlorinated pesticides and PCBs were non-detect. No confirmations were required.

Sample: WG331043-03-LCS, Dieldrin

$$\text{Conc. } \mu\text{g/kg} = (\text{Ax} * \text{Vt} * \text{DF}) / (\text{CF} * \text{Vi} * \text{Ws} * \text{D})$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$
 Ax = Area/response for compound being measured.
 Vt = Volume of total extract in (μL)
 CF = Ave calibration response factor for compound being measured from ICAL (Area/pg)
 Vi = Volume of extract injected (mL).
 W(s) = Weight of sample extracted or diluted in grams.
 D = Percent dry weight (100 - % moisture in sample)/100 = 1.0 for Wet Weight
 DF = Dilution factor

$$\begin{aligned} \text{Conc. } \mu\text{g/kg} &= (5591200000\text{Area} * 10000\mu\text{L} * 1) / (114100000\text{Area/pg} * (1000\text{pg/ng}) * 1\mu\text{L} * 30.0\text{g} * 1.00) \\ &= 16.3 \mu\text{g/kg} \text{ (Signal \#1)} \end{aligned}$$

$$\begin{aligned} \text{Conc. } \mu\text{g/kg} &= (4808900000\text{Area} * 10000\mu\text{L} * 1) / (102400000\text{Area/pg} * (1000\text{pg/ng}) * 1\mu\text{L} * 30.0\text{g} * 1.00) \\ &= 15.7 \mu\text{g/kg} \text{ (Signal \#2)} \end{aligned}$$

Reported Value = 16.3 $\mu\text{g/kg}$ (Signal #1)

% Difference = 0.0%

Values were within 10% difference

Sample: WG331544-02 LCS, Aroclor 1254

$$\text{Conc. } \mu\text{g/kg} = (\text{Ax} * \text{Vt} * \text{DF}) / (\text{CF} * \text{Vi} * \text{Ws} * \text{D})$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$
Ax = Area/response for compound being measured.
Vt = Volume of total extract (μL).
CF = Ave calibration response factor for compound being measured from ICAL (Area/pg)
Vi = Volume of extract injected (μL).
W(s) = Weight of sample extracted or diluted in grams.
D = Percent dry weight $(100 - \% \text{ moisture in sample})/100 = 1.0$ for Wet Weight
DF = Dilution factor

$$\text{Conc1 } \mu\text{g/kg} = (51229063 * 10000 * 1) / (221700 * (1000) * 1 * 30.0 * 1.00) = 77.02 \mu\text{g/kg}$$

$$\text{Conc2 } \mu\text{g/kg} = (98712274 * 10000 * 1) / (428900 * (1000) * 1 * 30.0 * 1.00) = 76.72 \mu\text{g/kg}$$

$$\text{Conc3 } \mu\text{g/kg} = (86063929 * 10000 * 1) / (374700 * (1000) * 1 * 30.0 * 1.00) = 76.56 \mu\text{g/kg}$$

$$\text{Conc4 } \mu\text{g/kg} = (71320030 * 10000 * 1) / (297000 * (1000) * 1 * 30.0 * 1.00) = 80.04 \mu\text{g/kg}$$

$$\text{Conc5 } \mu\text{g/kg} = (91750955 * 10000 * 1) / (385800 * (1000) * 1 * 30.0 * 1.00) = 79.27 \mu\text{g/kg}$$

$$\text{Average concentration} = 77.9 \mu\text{g/kg} \text{ (Peaks 1 } \rightarrow \text{ 5)}$$

Reported Value = 77.9 $\mu\text{g/kg}$

% Difference = 0.0%

Values were within 10% difference.

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	The reported result is an estimated value (e.g., matrix interference was observed or the analyte was detected at a concentration outside the quantitation range).
B	Blank contamination. The recorded result is associated with a contaminated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% RPD for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994).

Microbac Laboratories Inc.

Report Number: L10050203

Report Date : June 16, 2010

Form 1 Copy

Sample Number: L10050203-01
 Client ID: 54BSC05 10'
 Matrix: Soil
 Workgroup Number: WG331222
 Collect Date: 06-MAY-10
 Sample Tag: 01

Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: ECL
 Dilution: 1
 Units: ug/kg
 Percent Solid: 81.8

Instrument: HP15
 Prep Date: 05/11/2010 09:39
 Cal Date: 05/05/2010 22:33
 Run Date: 05/13/2010 00:09
 File ID: 15G21501.F

Analyte	CAS. Number	Result	Qual	RL	MDL
Dieldrin	60-57-1		UJ	2.12	0.424
Heptachlor epoxide	1024-57-3		UJ	2.12	0.424

Analyte	% Recovery	Lower	Upper	Qual
2,4,5,6-Tetrachloro-m-xylene	64.2	70	125	*
Decachlorobiphenyl	74.0	55	130	

* Surrogate or spike compound out of range
 UJ Undetected; the analyte was analyzed for, but not detected.

Sample Number: L10050203-01
 Client ID: 54BSC05 10'
 Matrix: Soil
 Workgroup Number: WG331601
 Collect Date: 06-MAY-10
 Sample Tag: RE01

Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: ECL
 Dilution: 1
 Units: ug/kg
 Percent Solid: 81.8

Instrument: HP15
 Prep Date: 05/14/2010 09:00
 Cal Date: 05/05/2010 22:33
 Run Date: 05/17/2010 18:30
 File ID: 15G21617.R

Analyte	CAS. Number	Result	Qual	RL	MDL
Dieldrin	60-57-1		UJ	1.96	0.392
Heptachlor epoxide	1024-57-3		UJ	1.96	0.392

Analyte	% Recovery	Lower	Upper	Qual
2,4,5,6-Tetrachloro-m-xylene	41.4	70	125	*
Decachlorobiphenyl	47.0	55	130	*

* Surrogate or spike compound out of range
 UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10050203

Report Date : May 21, 2010

Form I Copy

Sample Number: L10050203-01
Client ID: 54BSC05 10'
Matrix: Soil
Workgroup Number: WG331660
Collect Date: 05/06/2010 11:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8082
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP9
Prep Date: 05/17/2010 08:30
Cal Date: 05/12/2010 12:56
Run Date: 05/17/2010 22:10
File ID: 9GF56754.F
Percent Solid: 81.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Aroclor-1254	11097-69-1		U	20.0	10.0
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	80.8	29	133		
Decachlorobiphenyl	101	60	125		

U Not detected at or above the LOQ.

1 of 1

Microbac

Shaw Environmental, Inc.
2113 Emmorton Park Road
Edgewood, Maryland
410-612-6350
FAX: 410-612-6351



MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Explosives
Microbac Laboratories, Inc., SDG L10060021

DATE: August 31, 2010; Revised October 11, 2010

The purpose of this memorandum is to present the data validation report for the samples collected for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on May 25, 2010 and May 26, 2010. This report was revised to account for the duplicate pairs analyzed in SDG L10060021. Solid samples were analyzed for explosives using USEPA SW-846 8330B. A total of eighty-three solid samples (includes twenty-two re-analysis samples and nineteen dilutions for explosives) were validated. The sample IDs are:

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ASC06 3'	L10060021-01	54ASC37	L10060021-32
54ASC06 3'	L10060021-01CF	54ASC37	L10060021-32DL
54ASC07 3'	L10060021-02	54ASC37	L10060021-32CF
54ASC08 3'	L10060021-03	54ASC38	L10060021-33
54ASC09 3'	L10060021-04	54ASC38	L10060021-33DL
54ASC10 3'	L10060021-05	54ASC38	L10060021-33CF
54ASC11 3'	L10060021-06	54ASC39	L10060021-34
54ASC12 3'	L10060021-07	54ASC39	L10060021-34DL
54ASC13 3'	L10060021-08	54ASC39	L10060021-34DL2
54ASC14 3'	L10060021-09	54ASC39	L10060021-34CF
54ASC15 3'	L10060021-10	54ASC40	L10060021-35
54ASC16 3'	L10060021-11	54ASC40	L10060021-35CF
54ASC16 3'	L10060021-11CF	54ASC41	L10060021-36
54ASC18 3'	L10060021-12	54ASC41	L10060021-36DL
54ASC20 3'	L10060021-13	54ASC41	L10060021-36CF
54ASC21 3'	L10060021-14	54ASC42	L10060021-37
54ASC21 3'	L10060021-14CF	54ASC45	L10060021-39
54ASC22 3'	L10060021-15	54ASC45	L10060021-39CF
54ASC22 3'	L10060021-15CF	54ASC46	L10060021-40
54ASC23 3'	L10060021-16	54ASC46	L10060021-40CF
54ASC24 3'	L10060021-17	54ASC47	L10060021-43
54ASC25 3'	L10060021-18	54ASC47	L10060021-43CF
54ASC26 3'	L10060021-19	54ASC48	L10060021-44
54ASC26 3'	L10060021-19DL	54ASC48	L10060021-44DL
54ASC26 3'	L10060021-19CF	54ASC48	L10060021-44DL2
54ASC26 3'	L10060021-19DLCF	54ASC48	L10060021-44DL3

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ATM26 3'	L10060021-20	54ASC48	L10060021-44CF
54ATM26 3'	L10060021-20CF	54ASC48	L10060021-44DLCF
54ASC27	L10060021-23	54ASC49	L10060021-45
54ASC27	L10060021-23DL	54ASC49	L10060021-45DL
54ASC27	L10060021-23CF	54ASC49	L10060021-45CF2DL
54ASC28	L10060021-24	54ASC49	L10060021-45DL2
54ASC28	L10060021-24CF	54ASC49	L10060021-45CF
54ASC31	L10060021-25	54ASC50	L10060021-46CF
54ASC32	L10060021-26	54ASC50	L10060021-46DL
54ASC33	L10060021-27	54ASC51	L10060021-47
54ASC34	L10060021-28	54ASC51	L10060021-47CF
54ASC35	L10060021-29	54ASC52	L10060021-48
54ASC35	L10060021-29CF	54ASC52	L10060021-48CF
54ASC36	L10060021-30	54ASC52	L10060021-48DL
54ATM36	L10060021-31	54ASC53	L10060021-49

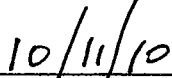
Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Blank Analysis
	X	Initial Calibration
	X	Continuing Calibration
X		System Monitoring Compounds
X		Laboratory Control Sample and Laboratory Control Sample Duplicate
X		Matrix Spike/Spike Duplicate
X		Field Duplicate
X		Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable with noted qualifications, except for the following. For samples 54ASC37 (L10060021-32), 54ASC39 (L10060021-34), 54ASC41 (L10060021-36), 54ASC41 (L10060021-36CF), and 54ASC48 (L10060021-44), the surrogate did not recover and the samples were qualified rejected "R". The confirmation re-analysis or diluted sample should be used for data usability. See Section V System Monitoring Compounds for further details regarding which should be used as best fit data with the other samples provided as extra QC. Target compound 2,4,6-trinitrotoluene exceeded calibration range and was qualified rejected "R" for samples 54ASC26 3' (L10060021-19), 54ASC27 (L10060021-23), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC41 (L10060021-36), 54ASC48 (L10060021-44), 54ASC49 (L10060021-45), and 54ASC52 (L10060021-48) based on this outlier. The associated "DL", "DL2", or "DL3" sample should be used for data usability, as applicable. Target compound 2,4-dinitrotoluene exceeded calibration range and was qualified rejected "R" for samples 54ASC39 (L10060021-34), 54ASC48 (L10060021-44), and 54ASC49 (L10060021-45) based on this outlier. The associated "DL", "DL2", or "DL3" sample should be used for data usability. Target compound 2,6-dinitrotoluene exceeded calibration range and was qualified rejected "R" for samples 54ASC39 (L10060021-34), 54ASC48 (L10060021-44), and 54ASC49 (L10060021-45) based on this outlier. The associated "DL", "DL2", or "DL3" sample should be used for data usability. There were no impacts to the data completeness.


Eric Malarek, Chemist


Date

**RFAAP VALIDATION REPORT
EXPLOSIVES REVIEW
SDG L10060021**

I-Holding Times and Preservation

The objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample extraction and analysis. Holding time criteria: For solid samples, explosive compounds are shipped cooled ($@4^{\circ}\text{C} \pm 2^{\circ}\text{C}$) with a maximum holding time of 14 days from sample collection to preparative extraction and 40 days from preparative extraction to determinative analysis (USEPA criteria).

- **Temperature Review:** The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 05/25/10 and 05/26/10, the coolers were received by the primary laboratory (Microbac) on 05/27/10 at 3.0°C , 1.0°C , 2.0°C , and 3.0°C . Even though the cooler temperature was below criteria for one of the coolers; there were no impacts for the sample analysis and no qualifiers were applied based upon this outlier.
- **Holding Time Review:** The solid samples were collected on 05/25/10 and 05/26/10. The samples were extracted on 06/03/10, 06/04/10, and 06/07/10 and were analyzed on 06/04/10, 06/05/10, 06/06/10, 06/08/10, 06/09/10, 06/10/10, 06/11/10, 06/15/10, 06/16/10, 06/19/10, 06/20/10, and 06/23/10 for explosives. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Blank Analysis

The purpose of laboratory or field blank analyses is to determine the existence and magnitude of contamination problems resulting from laboratory or field activities. One method blank per analytical batch must be run on each instrument used to analyze samples. No contaminants should be present in the blanks. The DoD QSM criterion specifies all concentrations should be less than one-half MRL. Positive sample results are reported and qualified "B", if the concentration of the compound in the sample is ≤ 5 times (5x) the maximum amount for explosive target compounds. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 10) if needed.

Table 2 Blank Contamination Analysis Summary

Analysis Date	QC Blank ID	Compound	Max Conc. mg/kg	Action Level mg/kg	B qualified samples (for this SDG)
06/04/10	WG333294-02	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None
06/05/10	WG333294-02	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None
06/08/10	WG333404-02	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None
06/10/10	WG333404-02	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None
06/15/10	WG333544-01	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None
06/19/10	WG333544-01	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None

MRL = Method Reporting Limit

NA = Not Applicable

III-Initial Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. The initial 5-point calibration demonstrates that the instrument is capable of acceptable performance in the beginning of the analytical run. The DoD QSM specifies that the correlation coefficient must be ≥ 0.995 and/or the percent relative standard deviation (%RSD) must be $\leq 20\%$.

- For the explosives initial calibration performed on 05/15/10 on instrument HPLC4, all criteria were met for target explosives compounds. All target compounds were determined using linear regression with correlation coefficients ≥ 0.995 . No qualifiers were applied. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), 54ASC26 3' (L10060021-19DL), 54ATM26 3' (L10060021-20), 54ASC06 3' (L10060021-01CF), 54ASC16 3' (L10060021-11CF), 54ASC21 3' (L10060021-14CF), 54ASC22 3' (L10060021-15CF), 54ASC26 3' (L10060021-19CF), 54ASC26 3' (L10060021-19DLCF), 54ATM26 3' (L10060021-20CF), 54ASC27 (L10060021-23), 54ASC27 (L10060021-23DL), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC37 (L10060021-32DL), 54ASC38 (L10060021-33), 54ASC38 (L10060021-33DL), 54ASC39 (L10060021-34), 54ASC39 (L10060021-34DL), 54ASC39 (L10060021-34DL2), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC41 (L10060021-36DL), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), 54ASC48 (L10060021-44), 54ASC48 (L10060021-44DL), 54ASC48 (L10060021-44DL2), 54ASC48 (L10060021-44DL3), 54ASC27 (L10060021-23CF), 54ASC28 (L10060021-24CF), 54ASC35 (L10060021-29CF), 54ASC37 (L10060021-32CF), 54ASC38 (L10060021-33CF), 54ASC39 (L10060021-34CF), 54ASC40 (L10060021-35CF), 54ASC41 (L10060021-36CF), 54ASC45 (L10060021-39CF), 54ASC46 (L10060021-40CF), 54ASC47 (L10060021-43CF), 54ASC48 (L10060021-44CF), 54ASC48 (L10060021-44DLCF), 54ASC49 (L10060021-45), 54ASC49 (L10060021-45DL), 54ASC49 (L10060021-45DL2), 54ASC50 (L10060021-46), 54ASC50 (L10060021-46DL), 54ASC51 (L10060021-47), 54ASC52 (L10060021-48), 54ASC52 (L10060021-48DL), 54ASC53 (L10060021-49), 54ASC49 (L10060021-45CF2DL), 54ASC50 (L10060021-46CF), 54ASC51 (L10060021-47CF), 54ASC52 (L10060021-48CF), and 54ASC49 (L10060021-45CF) apply to this initial calibration.

IV-Continuing Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. Continuing calibration standards are analyzed after every 10 injections, and at the end of the analysis sequence. The DoD QSM specifies that the percent difference (%D) from initial calibration should be no greater than $\pm 20\%$.

- For explosives initial calibration verification performed on 05/15/10 @18:15 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this initial verification calibration.
- For explosives continuing calibration performed on 06/04/10 @12:23 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), and 54ASC13 3' (L10060021-08) apply to this continuing calibration.

- For explosives continuing calibration performed on 06/04/10 @20:53 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), and 54ASC25 3' (L10060021-18) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/05/10 @05:22 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC26 3' (L10060021-19), 54ASC26 3' (L10060021-19DL), and 54ATM26 3' (L10060021-20) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/05/10 @09:56 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/05/10 @13:17 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/05/10 @16:07 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01CF), 54ASC16 3' (L10060021-11CF), 54ASC21 3' (L10060021-14CF), 54ASC22 3' (L10060021-15CF), 54ASC26 3' (L10060021-19CF), 54ASC26 3' (L10060021-19DLCF), and 54ATM26 3' (L10060021-20CF) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/06/10 @04:40 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/08/10 @14:23 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), and 54ASC36 (L10060021-30) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/08/10 @23:20 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), and 54ASC45 (L10060021-39) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/09/10 @07:09 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23DL), 54ASC37 (L10060021-32DL), 54ASC38 (L10060021-33DL), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), and 54ASC48 (L10060021-44) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/09/10 @16:55 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC39 (L10060021-34DL), 54ASC39 (L10060021-34DL2), 54ASC41 (L10060021-36DL), 54ASC48 (L10060021-44DL), 54ASC48 (L10060021-44DL2), and 54ASC48 (L10060021-44DL3) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/10/10 @01:24 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.

- For explosives continuing calibration performed on 06/10/10 @13:36 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23CF), 54ASC28 (L10060021-24CF), 54ASC35 (L10060021-29CF), 54ASC37 (L10060021-32CF), 54ASC38 (L10060021-33CF), 54ASC39 (L10060021-34CF), 54ASC40 (L10060021-35CF), 54ASC41 (L10060021-36CF), and 54ASC45 (L10060021-39CF) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/11/10 @01:20 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC46 (L10060021-40CF), 54ASC47 (L10060021-43CF), 54ASC48 (L10060021-44CF), and 54ASC48 (L10060021-44DL) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/11/10 @11:04 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/15/10 @15:10 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC49 (L10060021-45), 54ASC50 (L10060021-46), 54ASC51 (L10060021-47), 54ASC52 (L10060021-48), and 54ASC53 (L10060021-49) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/15/10 @23:26 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/16/10 @11:51 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC49 (L10060021-45DL), 54ASC49 (L10060021-45DL2), and 54ASC50 (L10060021-46DL) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/16/10 @20:04 on instrument HPLC4, all criteria were met. No qualifiers were applied. Sample 54ASC52 (L10060021-48DL) applies to this continuing calibration.
- For explosives continuing calibration performed on 06/17/10 @03:35 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/19/10 @14:34 on instrument HPLC4, all criteria were met. No qualifiers were applied. Sample 54ASC49 (L10060021-45CF2DL) applies to this continuing calibration.
- For explosives continuing calibration performed on 06/20/10 @01:30 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC50 (L10060021-46CF), 54ASC51 (L10060021-47CF), and 54ASC52 (L10060021-48CF) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/20/10 @12:27 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/23/10 @10:20 on instrument HPLC4, all criteria were met. No qualifiers were applied. Sample 54ASC49 (L10060021-45CF) applies to this continuing calibration.
- For explosives continuing calibration performed on 06/23/10 @17:15 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.

V-System Monitoring Compound (Surrogates)

Laboratory performance on individual samples is established by means of spiking activities. The percent recovery (%R) for all samples and blanks must be within the laboratory control limits. DoD surrogate recovery limits are specified in Table G-3 of the DoD QSM (DoD, 2009). If the surrogate is not listed, then the laboratory criteria shall be used.

Solid Criteria: 1,2-dinitrobenzene (50-150%)

- For explosive run for sample 54ASC37 (L10060021-32), surrogate 1,2-dinitrobenzene did not recover at 1x dilution. For the confirmation re-analysis explosive run, surrogate 1,2-dinitrobenzene was within criteria. All target explosives were rejected "R" for sample 54ASC37 (L10060021-32) based upon this outlier. The confirmation re-analysis sample 54ASC37 (L10060021-32CF) should be used for data usability reasons. For sample 54ASC37 (L10060021-32DL), the surrogate was diluted out; therefore, no qualifiers were applied based upon this outlier.
- For explosive run for sample 54ASC39 (L10060021-34), surrogate 1,2-dinitrobenzene did not recover at 1x dilution. For the confirmation re-analysis explosive run, surrogate 1,2-dinitrobenzene was within criteria. All target explosives were rejected "R" for sample 54ASC39 (L10060021-34) based upon this outlier. The confirmation re-analysis sample 54ASC39 (L10060021-34CF) should be used for data usability reasons. For samples 54ASC39 (L10060021-34DL1) and 54ASC39 (L10060021-34DL2), the surrogates were diluted out; therefore, no qualifiers were applied based upon these outliers.
- For confirmation explosive run for sample 54ASC40 (L10060021-35CF), surrogate 1,2-dinitrobenzene (498%) was outside criteria. The sample 54ASC40 (L10060021-35) was originally run with surrogate 1,2-dinitrobenzene (111%) within criteria limits. All target pesticides were qualified estimated "J" for detects and "UJ" for non-detects based upon these outliers for the re-analysis confirmation analysis. All criteria were met for the original sample; therefore, no qualifiers were applied for the original sample. The original sample should be used for data usability reasons.
- For explosive for sample 54ASC41 (L10060021-36) and the re-analysis confirmation for sample 54ASC41 (L10060021-36CF), surrogate 1,2-dinitrobenzene did not recover at 1x dilutions. All target explosives were rejected "R" for samples 54ASC41 (L10060021-36) and 54ASC41 (L10060021-36CF) based upon these outliers. For samples 54ASC41 (L10060021-36DL), the surrogate was diluted out; therefore, no qualifiers was applied based upon this outlier. The diluted sample 54ASC41 (L10060021-36DL) should be used for data usability reasons.
- For explosive run for sample 54ASC48 (L10060021-44), surrogate 1,2-dinitrobenzene did not recover at 1x dilution. For the confirmation re-analysis explosive run, surrogate 1,2-dinitrobenzene (234%) was outside criteria. All target pesticides were qualified estimated "J" for detects and "UJ" for non-detects for the re-analysis confirmation analysis on sample 54ASC48 (L10060021-44CF) and were rejected "R" for sample 54ASC48 (L10060021-44) based upon these outliers. The re-analysis sample should be used for data usability reasons. For samples 54ASC48 (L10060021-44DL), 54ASC48 (L10060021-44DL2), and 54ASC48 (L10060021-44DL3), the surrogates were diluted out; therefore, no qualifiers were applied based upon these outliers.
- For samples 54ASC49 (L10060021-45DL), 54ASC49 (L10060021-45CF2DL), 54ASC49 (L10060021-45DL2), the surrogates were diluted out; therefore, no qualifiers were applied based upon these outliers.
- For sample 54ASC50 (L10060021-46DL), the surrogate was diluted out; therefore, no qualifiers were applied based upon this outlier.
- For all other samples and runs, all criteria were met.

VI-Laboratory Control Sample and Laboratory Control Sample Duplicate

Laboratory control samples (LCS) and LCS duplicate (LCSD) are used to monitor long-term precision and accuracy of the analytical method. The analysis is performed at a frequency of 1 per analytical batch. The percent recoveries (%Rs) must be within the laboratory control limits. DoD QSM solid LCS recovery limits are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for explosives is $\leq 20\%$ RPD.

- Sample WG333294-03 was used as solid LCS for explosives analyzed on 06/04/10. All criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), 54ASC26 3' (L10060021-19DL), and 54ATM26 3' (L10060021-20) apply to this LCS.
- Sample WG333294-03 was used as solid LCS for explosives analyzed on 06/05/10. All criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01CF), 54ASC16 3' (L10060021-11CF), 54ASC21 3' (L10060021-14CF), 54ASC22 3' (L10060021-15CF), 54ASC26 3' (L10060021-19CF), 54ASC26 3' (L10060021-19DLCF), and 54ATM26 3' (L10060021-20CF) apply to this LCS.
- Sample WG333404-03 was used as solid LCS for explosives analyzed on 06/08/10. All criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23), 54ASC27 (L10060021-23DL), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC37 (L10060021-32DL), 54ASC38 (L10060021-33), 54ASC38 (L10060021-33DL), 54ASC39 (L10060021-34), 54ASC39 (L10060021-34DL), 54ASC39 (L10060021-34DL2), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC41 (L10060021-36DL), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), 54ASC48 (L10060021-44), 54ASC48 (L10060021-44DL), 54ASC48 (L10060021-44DL2), and 54ASC48 (L10060021-44DL3) apply to this LCS.
- Sample WG333404-03 was used as solid LCS for explosives analyzed on 06/10/10. All criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23CF), 54ASC28 (L10060021-24CF), 54ASC35 (L10060021-29CF), 54ASC37 (L10060021-32CF), 54ASC38 (L10060021-33CF), 54ASC39 (L10060021-34CF), 54ASC40 (L10060021-35CF), 54ASC41 (L10060021-36CF), 54ASC45 (L10060021-39CF), 54ASC46 (L10060021-40CF), 54ASC47 (L10060021-43CF), 54ASC48 (L10060021-44CF), and 54ASC48 (L10060021-44DLCF) apply to this LCS.
- Samples WG333544-02 and WG333544-02 were used as solid LCS/LCSD for explosives analyzed on 06/15/10. Nitroglycerin (RPD=27.5%) was outside criteria. For all other target compounds, all criteria were met. Nitroglycerin was qualified estimated "J" for detects and no qualification for non-detects based upon the high RPD. All recoveries were within criteria limits. Samples 54ASC49 (L10060021-45), 54ASC49 (L10060021-45DL), 54ASC49 (L10060021-45DL2), 54ASC50 (L10060021-46), 54ASC50 (L10060021-46DL), 54ASC51 (L10060021-47), 54ASC52 (L10060021-48), 54ASC52 (L10060021-48DL), and 54ASC53 (L10060021-49) apply to this LCS/LCSD.

- Samples WG333544-02 and WG333544-02 were used as solid LCS/LCSD for explosives analyzed on 06/19/10. 4-Nitrotoluene (136%, 132%) was outside criteria. For all other target compounds, all criteria were met. 4-Nitrotoluene was non-detect for all associated samples; therefore, no qualifiers were applied based upon the high recoveries. Samples 54ASC49 (L10060021-45CF2DL), 54ASC50 (L10060021-46CF), 54ASC51 (L10060021-47CF), and 54ASC52 (L10060021-48CF) apply to this LCS/LCSD.

VII-Matrix Spike/Matrix Spike Duplicate

Data for matrix spike/matrix spike duplicates (MS/MSD) are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. The percent recoveries (%Rs) and the relative percent difference (RPD) must be within the laboratory control limits. DoD QSM solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009).

If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for explosives is $\leq 20\%$ RPD.

- Sample 54ASC26 3' (L10060021-19) was used as the solid MS/MSD for the explosives analysis on 06/05/10. 2,4-Dinitrotoluene (173%, 298%; RPD=35.5%), 2,6-dinitrotoluene (128%, 248%; RPD=29.6%), 2,4,6-trinitrotoluene (158%, 325%), 2-amino-4,6-dinitrotoluene (72.7%, 66.2%), 2-nitrotoluene (129%, 135%), and nitroglycerin (129%, 207%; RPD=46.4%) were outside criteria. For all other target compounds, all criteria were met. See Section VI for associated LCS recoveries. The spiked sample was qualified estimated "J" for detections of 2,4-dinitrotoluene and 2,6-dinitrotoluene based upon the high RPDs. The spiked sample was qualified estimated bias high "K" for detection of 2,4,6-trinitrotoluene based upon the high %Rs. The spiked sample was qualified estimated bias low "L" for detection of 2-amino-4,6-dinitrotoluene based upon the low %Rs. The spiked sample was non-detect for nitroglycerin and 2-nitrotoluene; therefore, no qualification was required based upon the high %Rs/RPDs. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), 54ASC26 3' (L10060021-19DL), 54ATM26 3' (L10060021-20), 54ASC06 3' (L10060021-01CF), 54ASC16 3' (L10060021-11CF), 54ASC21 3' (L10060021-14CF), 54ASC22 3' (L10060021-15CF), 54ASC26 3' (L10060021-19CF), 54ASC26 3' (L10060021-19DLCF), and 54ATM26 3' (L10060021-20CF) apply to this MS/MSD.

- Sample 54ASC46 (L10060021-40) was used as the solid MS/MSD for the explosives analysis on 06/09/10. 2,4,6-Trinitrotoluene (19.4%, 10.8%) was outside criteria. For all other target compounds, all criteria were met. See Section VI for associated LCS recoveries. The spiked sample was qualified estimated bias low "L" for detection of 2,4,6-trinitrotoluene based upon the low %Rs. Samples 54ASC27 (L10060021-23), 54ASC27 (L10060021-23DL), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC37 (L10060021-32DL), 54ASC38 (L10060021-33), 54ASC38 (L10060021-33DL), 54ASC39 (L10060021-34), 54ASC39 (L10060021-34DL), 54ASC39 (L10060021-34DL2), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC41 (L10060021-36DL), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), 54ASC48 (L10060021-44), 54ASC48 (L10060021-44DL), 54ASC48 (L10060021-44DL2), 54ASC48 (L10060021-44DL3), 54ASC27 (L10060021-23CF), 54ASC28 (L10060021-24CF), 54ASC35 (L10060021-29CF), 54ASC37 (L10060021-32CF), 54ASC38 (L10060021-33CF), 54ASC39 (L10060021-34CF), 54ASC40 (L10060021-35CF), 54ASC41 (L10060021-36CF), 54ASC45 (L10060021-39CF), 54ASC46 (L10060021-40CF), 54ASC47 (L10060021-43CF), 54ASC48 (L10060021-44CF), 54ASC48 (L10060021-44DLCF), 54ASC49 (L10060021-45), 54ASC49 (L10060021-45DL), 54ASC49 (L10060021-45DL2), 54ASC50 (L10060021-46), 54ASC50 (L10060021-46DL), 54ASC51 (L10060021-47), 54ASC52 (L10060021-48), 54ASC52 (L10060021-48DL), 54ASC53 (L10060021-49), 54ASC49 (L10060021-45CF2DL), 54ASC50 (L10060021-46CF), 54ASC51 (L10060021-47CF), and 54ASC52 (L10060021-48CF) apply to this MS/MSD.

VIII-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 50% RPD for the solid samples.

- Field soil sample duplicate pair 54ASC26 3' (L10060021-19) and 54ATM26 3' (L10060021-20) was collected for select explosives. All detected analytes found in the sample and its duplicate pair and associated RPD are noted in **Table 3**. 2,4,6-Trinitrotoluene 4x diluted concentration [54ASC26 3' (L10060021-19DL)] was used for the original sample due to 1x extract had exceeded linear range. All other target compounds were non-detect for the duplicate pair. 2,4,6-Trinitrotoluene (178%) was outside criteria and was qualified estimated "J" for the duplicate pair based upon this outlier. 2,4-Dinitrotoluene, 2,6-dinitrotoluene, 2-amino-4,6-dinitrotoluene, 4-amino-2,6-dinitrotoluene, and RDX were detected above the MRL for the parent and non-detect for the duplicate pair; therefore, were qualified as estimated "J" for detects and "UJ" for non-detects based upon these outliers. For all other target compounds, all criteria were met.

Table 3 Field Precision Hits Analysis Summary for Explosives for Duplicate Pair 54ASC26 3' (L10060021-19) and 54ATM26 3' (L10060021-20)

Compound	Original Sample (mg/kg)	Duplicate Pair (mg/kg)	RPD
2,4-Dinitrotoluene	0.584M	0.250U	NA
2,6-Dinitrotoluene	1.07M	0.250U	NA
2,4,6-Trinitrotoluene	13.4J	0.780	178
2-Amino-4,6-dinitrotoluene	0.253M	0.250U	NA
4-Amino-2,6-dinitrotoluene	0.470	0.250U	NA
RDX	0.255	0.250U	NA

U = Target compound was non-detect as <MRL.

J = Estimated value <MRL and >MDL.

M = Matrix effect; the concentration is an estimation due to matrix effect.

MDL = Method Detection Limit

MRL = Method Reporting Limit

NA = Not Applicable

- Field soil sample duplicate pair 54ASC36 (L10060021-30) and 54ATM36 (L10060021-31) was collected for select explosives. All target explosives were non-detect for the duplicate pair. All criteria were met. No qualifiers were applied.
- Field soil sample duplicate pair 54ASC16 3' (L10060021-11) and 54ATM16 (L10060090-01) was collected for select explosives. All detected analytes found in the sample and its duplicate pair and associated RPD are noted in **Table 4**. Target compounds 2,4-dinitrotoluene (50.3%) and 2,4,6-trinitrotoluene (129%) were outside criteria and were qualified estimated "J" for the duplicate pair based upon the high RPDs. For all other target compounds, all criteria were met. The duplicate pair was collected approximately a week apart; which may of lead to the high RPD.

Table 4 Field Precision Hits Analysis Summary for Explosives for Duplicate Pair 54ASC16 3' (L10060021-11) and 54ATM16 (L10060090-01)

Compound	Original Sample (mg/kg)	Duplicate Pair (mg/kg)	RPD
2,4-Dinitrotoluene	0.184J	0.110J	50.3
2,4,6-Trinitrotoluene	0.891	0.191J	129
4-Amino-2,6-dinitrotoluene	0.161J	0.246U	NA

U = Target compound was non-detect as <MRL.

J = Estimated value <MRL and >MDL.

MDL = Method Detection Limit

MRL = Method Reporting Limit

NA = Not Applicable

- Field soil sample duplicate pair 54ASC46 (L10060021-40) and 54ATM46 (L10060090-07) was collected for select explosives. Target compound 2,4,6-trinitrotoluene was detected above the MRL for the parent and non-detect for the duplicate pair; therefore, were qualified as estimated "J" for detects and "UJ" for non-detects based upon this outlier. All other target explosives were non-detect for the duplicate pair. The duplicate was collected approximately a week apart; which may of lead to the high RPD.

IX-Quantitation Verification

The accuracy of analytical results was verified through the calculation of several parameters. The calculation was based calibration factors. The absolute percent difference (%D) between the calculated and the reported value must be within 10% difference. All positive values must have less than or equal to 40% %D between the primary and secondary columns.

- All values >MDL and <MRL or <3*MDL (whichever was greater) were qualified as estimated "J".
- For samples 54ASC37 (L10060021-32), 54ASC39 (L10060021-34), 54ASC41 (L10060021-36), 54ASC41 (L10060021-36CF), and 54ASC48 (L10060021-44), the surrogate did not recover and the samples were qualified rejected "R". The confirmation re-analysis or diluted sample should be used for data usability. See Section V System Monitoring Compounds for further details regarding which should be used as best fit data with the other samples provided as extra QC. There were no impacts to the data completeness.
- Target compound 2,4,6-trinitrotoluene exceeded calibration range and was qualified rejected "R" for samples 54ASC26 3' (L10060021-19), 54ASC27 (L10060021-23), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC41 (L10060021-36), 54ASC48 (L10060021-44), 54ASC49 (L10060021-45), and 54ASC52 (L10060021-48) based on this outlier. The associated "DL", "DL2", or "DL3" sample should be used for data usability.
- Target compound 2,4-dinitrotoluene exceeded calibration range and was qualified rejected "R" for samples 54ASC39 (L10060021-34), 54ASC48 (L10060021-44), and 54ASC49 (L10060021-45) based on this outlier. The associated "DL", "DL2", or "DL3" sample should be used for data usability.

- Target compound 2,6-dinitrotoluene exceeded calibration range and was qualified rejected "R" for samples 54ASC39 (L10060021-34), 54ASC48 (L10060021-44), and 54ASC49 (L10060021-45) based on this outlier. The associated "DL", "DL2", or "DL3" sample should be used for data usability.
- For samples 54ASC27 (L10060021-23), 54ASC27 (L10060021-23DL), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC38 (L10060021-33DL), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC41 (L10060021-36DL), 54ASC48 (L10060021-44), 54ASC49 (L10060021-45), and 54ASC50 (L10060021-46), nitroglycerin was detected; however, not confirmed on dissimilar column. Nitroglycerin was qualified estimated "J" based upon this outlier for these samples
- For sample 54ASC48 (L10060021-44), 1,3-dinitrobenzene, 4-amino-2,6-dinitrotoluene, and RDX, did not meet confirmation criteria (diluted out). 1,3-Dinitrobenzene, 4-amino-2,6-dinitrotoluene, and RDX were qualified estimated "J/UJ" based upon these outliers for sample 54ASC48 (L10060021-44).
- For samples 54ASC49 (L10060021-45; 117%), 1,3-dinitrobenzene exceeded confirmation criteria. 1,3-dinitrobenzene was qualified estimated "J" based upon this outlier for this sample.
- For samples 54ASC38 (L10060021-33; 44.4%), 2,4-dinitrotoluene exceeded confirmation criteria. 2,4-Dinitrotoluene was qualified estimated "J" based upon this outlier for this sample.
- For samples 54ASC26 3' (L10060021-19; 74.1%), 54ASC27 (L10060021-23; 83.6%), 54ASC37 (L10060021-32; 292%), 54ASC39 (L10060021-34; 612%), 54ASC41 (L10060021-36; 170%), 54ASC48 (L10060021-44; 825%), 54ASC50 (L10060021-46; 48.3%), 54ASC51 (L10060021-47; 161%), and 54ASC52 (L10060021-48; 101%), 4-amino-2,6-dinitrotoluene exceeded confirmation criteria. 4-Amino-2,6-dinitrotoluene was qualified estimated "J/UJ" based upon this outlier for these samples.
- For sample 54ASC51 (L10060021-47; 91.2%), 2-amino-4,6-dinitrotoluene exceeded confirmation criteria. 2-Amino-4,6-dinitrotoluene was qualified estimated "J" based upon this outlier for this sample.
- For samples 54ASC41 (L10060021-36; 48.0%) and 54ASC49 (L10060021-45; 41.1%), RDX exceeded confirmation criteria. RDX was qualified estimated "J" based upon these outliers for these samples.
- For all other samples and detected target compounds, all confirmation criteria were met.

Sample: 54ASC06 3' (L10060021-01CF), 2,4,6-trinitrotoluene

$$Y = mX + b$$

Y = Area of target compound for sample

m = slope of curve

X = Amount on column

b = Y-intercept

Given:

$$m = 0.37032576$$

$$b = 0.2147599$$

$$Y = \text{Area} = 13.93509$$

$$X = 37.04935$$

$$\text{Conc. } \mu\text{g/kg} = (A_x * V_t * DF) / (W_s * D)$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$

A_x = Amount of compound being measured (ng/mL).

V_t = Volume of total extract (mL).

$W(s)$ = Weight of sample (g).

D = Percent dry weight $(100 - \% \text{ moisture in sample})/100$ (Air dried = 1.000)

DF = Dilution factor

$$\text{Conc. } \mu\text{g/kg} = (37.04935 * 40 * 1) / (10.00 * 1.000) = 148.20 \mu\text{g/kg} = 0.148 \text{ mg/kg}$$

Reported Value = 0.148 mg/kg

% Difference = 0.0%

Values were within 10% difference

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	Estimated: The analyte was positively identified; the quantitation is estimation.
B	Blank contamination: The analyte was detected above one-half the reporting limit in an associated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% D for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994).

Report Number: L10060021

Report Date : June 25, 2010

Form 1 Copy

Sample Number: L10060021-01
 Client ID: 54ASC06 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:00
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 14:21
 File ID: 4L018136.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2	0.106	J	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.143	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	101	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Item 5 Copy

Sample Number: L10060021-01
 Client ID: 54ASC06 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:00
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 18:55
 File ID: 4L018174.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2	0.100	J	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.148	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	98.8	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



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Report Date : June 25, 2010

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Sample Number: L10060021-02
 Client ID: 54ASC07 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:05
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 15:00
 File ID: 4L018137.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	96.7	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010



Sample Number: L10060021-03
 Client ID: 54ASC08 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:10
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 15:40
 File ID: 4L018138.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	96.2	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-04
 Client ID: 54ASC09 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:15
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 16:19
 File ID: 4L018139.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	98.7	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-05
 Client ID: 54ASC10 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:20
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 16:58
 File ID: 4L018140.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	101	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-06
 Client ID: 54ASC11 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:25
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 17:37
 File ID: 4L018141.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	92.0	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-07
 Client ID: 54ASC12 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:30
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 18:16
 File ID: 4L018142.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	97.6	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-08
 Client ID: 54ASC13 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:35
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 18:55
 File ID: 4L018143.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	84.8	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-09

Client ID: 54ASC14 3'

Matrix: Soil

Workgroup Number: WG333441

Collect Date: 05/25/2010 13:40

Sample Tag: 01

PrePrep Method: NONE

Prep Method: METHOD

Analytical Method: 8330B

Analyst: JWR

Dilution: 1

Units: mg/kg

Instrument: HPLC4

Prep Date: 06/03/2010 08:30

Cal Date: 05/15/2010 17:22

Run Date: 06/04/2010 21:32

File ID: 4L018147.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	106	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-10
 Client ID: 54ASC15 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:45
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 22:11
 File ID: 4L018148.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	95.8	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-11
 Client ID: 54ASC16 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:50
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 22:50
 File ID: 4L018149.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2	0.184	J	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.891	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0	0.161	J	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	103	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-11
 Client ID: 54ASC16 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 13:50
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 19:48
 File ID: 4L018175.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2	0.174	J	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.901	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0	0.162	J	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	103	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-12
 Client ID: 54ASC18 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:05
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/04/2010 23:30
 File ID: 4L018150.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	99.7	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-13
 Client ID: 54ASC20 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:15
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 00:09
 File ID: 4L018151.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	97.8	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-14
 Client ID: 54ASC21 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:20
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 20:41
 File ID: 4L018176.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.180	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	98.4	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-14
 Client ID: 54ASC21 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:20
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 00:48
 File ID: 4L018152.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.188	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	97.7	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-15
 Client ID: 54ASC22 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:25
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 01:27
 File ID: 4L018153.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2	0.267		0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.134	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	98.3	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number:L10060021

Report Date :June 25, 2010

Sample Number:L10060021-15
 Client ID:54ASC22 3'
 Matrix:Soil
 Workgroup Number:WG333441
 Collect Date:05/25/2010 14:25
 Sample Tag:CF1

PrePrep Method:NONE
 Prep Method:METHOD
 Analytical Method:8330B
 Analyst:JWR
 Dilution:1
 Units:mg/kg

Instrument:HPLC4
 Prep Date:06/03/2010 08:30
 Cal Date:05/15/2010 17:22
 Run Date:06/05/2010 21:34
 File ID:4L018177.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2	0.235	J	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.149	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	99.0	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-16
 Client ID: 54ASC23 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:30
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 02:06
 File ID: 4L018154.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	98.7	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-17
 Client ID: 54ASC24 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:35
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 02:45
 File ID: 4L018155.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	96.3	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-18
 Client ID: 54ASC25 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:40
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 03:24
 File ID: 4L018156.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	96.6	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-19
 Client ID: 54ASC26 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:45
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/06/2010 00:14
 File ID: 4L018180.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2	0.621		0.250	0.100
2,6-Dinitrotoluene	606-20-2	0.990		0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	13.6	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2	0.335		0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0	0.270		0.250	0.100
RDX	121-82-4	0.223	J	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	97.5	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

J Estimated ; the analyte concentration was greater than the highest standard



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-19
 Client ID: 54ASC26 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:45
 Sample Tag: DL01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 4
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 12:38
 File ID: 4L018167.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	1.00	0.400
2,4-Dinitrotoluene	121-14-2	0.621	J	1.00	0.400
2,6-Dinitrotoluene	606-20-2	1.05	J	1.00	0.400
2,4,6-Trinitrotoluene	118-96-7	13.4	J	1.00	0.400
2-Amino-4,6-dinitrotoluene	35572-78-2		UJ	1.00	0.400
2-Nitrotoluene	88-72-2		UJ	1.00	0.400
4-Nitrotoluene	99-99-0		UJ	1.00	0.400
4-Amino-2,6-dinitrotoluene	19406-51-0	0.474	J	1.00	0.400
RDX	121-82-4		UJ	1.00	0.400
Nitroglycerin	55-63-0		UJ	1.00	0.400
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	99.3	50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated concentration; sample matrix interference

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-19
 Client ID: 54ASC26 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:45
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 06:01
 File ID: 4L018160.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2	0.584	M	0.250	0.100
2,6-Dinitrotoluene	606-20-2	1.07	M	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	13.6	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2	0.253	M	0.250	0.100
2-Nitrotoluene	88-72-2		U M	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0	0.470		0.250	0.100
RDX	121-82-4	0.255		0.250	0.100
Nitroglycerin	55-63-0		U M	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	103	50	150		

M Matrix effect; the concentration is an estimate due to matrix effect.

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was greater than the highest standard



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-19
 Client ID: 54ASC26 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:45
 Sample Tag: CFDL1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 4
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/06/2010 02:00
 File ID: 4L018182.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	R 1.00	0.400
2,4-Dinitrotoluene	121-14-2	0.512	J	R 1.00	0.400
2,6-Dinitrotoluene	606-20-2	0.913	J	R 1.00	0.400
2,4,6-Trinitrotoluene	118-96-7	13.3	J	J 1.00	0.400
2-Amino-4,6-dinitrotoluene	35572-78-2		UJ	R 1.00	0.400
2-Nitrotoluene	88-72-2		UJ	R 1.00	0.400
4-Nitrotoluene	99-99-0		UJ	R 1.00	0.400
4-Amino-2,6-dinitrotoluene	19406-51-0		UJ	R 1.00	0.400
RDX	121-82-4		UJ	R 1.00	0.400
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	86.9	50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated concentration; sample matrix interference



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-20
 Client ID: 54ATM26 3'
 Matrix: Soil
 Workgroup Number: WG333441
 Collect Date: 05/25/2010 14:50
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/03/2010 08:30
 Cal Date: 05/15/2010 17:22
 Run Date: 06/05/2010 07:58
 File ID: 4L018163.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.780	U	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Nitroglycerin	55-63-0		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	96.2	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-20
Client ID: 54ATM26 3'
Matrix: Soil
Workgroup Number: WG333441
Collect Date: 05/25/2010 14:50
Sample Tag: CF1

PrePrep Method: NONE
Prep Method: METHOD
Analytical Method: 8330B
Analyst: JWR
Dilution: 1
Units: mg/kg

Instrument: HPLC4
Prep Date: 06/03/2010 08:30
Cal Date: 05/15/2010 17:22
Run Date: 06/05/2010 23:21
File ID: 4L018179.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2		U	0.250	0.100
2,6-Dinitrotoluene	606-20-2		U	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	0.751		0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4		U	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	92.0	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-23
 Client ID: 54ASC27
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:00
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/10/2010 16:28
 File ID: 4L018246.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.249	0.0994
2,4-Dinitrotoluene	121-14-2	1.46		0.249	0.0994
2,6-Dinitrotoluene	606-20-2	1.08		0.249	0.0994
2,4,6-Trinitrotoluene	118-96-7	24.0	J	0.249	0.0994
2-Amino-4,6-dinitrotoluene	35572-78-2	0.564		0.249	0.0994
2-Nitrotoluene	88-72-2	0.213	J	0.249	0.0994
4-Nitrotoluene	99-99-0		U	0.249	0.0994
4-Amino-2,6-dinitrotoluene	19406-51-0	0.457		0.249	0.0994
RDX	121-82-4	0.465		0.249	0.0994
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	110	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

J Estimated ; the analyte concentration was greater than the highest standard



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-23
 Client ID: 54ASC27
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:00
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/08/2010 16:48
 File ID: 4L018191.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.249	0.0994
2,4-Dinitrotoluene	121-14-2	1.39		0.249	0.0994
2,6-Dinitrotoluene	606-20-2	1.18		0.249	0.0994
2,4,6-Trinitrotoluene	118-96-7	23.8	J	0.249	0.0994
2-Amino-4,6-dinitrotoluene	35572-78-2	0.552		0.249	0.0994
2-Nitrotoluene	88-72-2	0.162	J	0.249	0.0994
4-Nitrotoluene	99-99-0		U	0.249	0.0994
4-Amino-2,6-dinitrotoluene	19406-51-0	0.839		0.249	0.0994
RDX	121-82-4	0.357		0.249	0.0994
Nitroglycerin	55-63-0	0.684	J	0.249	0.0994
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	112	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-23
 Client ID: 54ASC27
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:00
 Sample Tag: DL01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 5
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 13:40
 File ID: 4L018222.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	1.24	0.497
2,4-Dinitrotoluene	121-14-2	1.37	J	1.24	0.497
2,6-Dinitrotoluene	606-20-2	1.18	J	1.24	0.497
2,4,6-Trinitrotoluene	118-96-7	23.7	J	1.24	0.497
2-Amino-4,6-dinitrotoluene	35572-78-2		UJ	1.24	0.497
2-Nitrotoluene	88-72-2		UJ	1.24	0.497
4-Nitrotoluene	99-99-0		UJ	1.24	0.497
4-Amino-2,6-dinitrotoluene	19406-51-0	0.668	J	1.24	0.497
RDX	121-82-4		UJ	1.24	0.497
Nitroglycerin	55-63-0	0.663	J	1.24	0.497
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	95.1	50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated concentration; sample matrix interference

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-24

Client ID: 54ASC28

Matrix: Soil

Workgroup Number: WG333705

Collect Date: 05/25/2010 15:05

Sample Tag: CFI

PrePrep Method: NONE

Prep Method: METHOD

Analytical Method: 8330B

Analyst: JWR

Dilution: 1

Units: mg/kg

Instrument: HPLC4

Prep Date: 06/04/2010 09:00

Cal Date: 05/15/2010 17:22

Run Date: 06/10/2010 17:21

File ID: 4L018247.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.0998
2,4-Dinitrotoluene	121-14-2		U	0.250	0.0998
2,6-Dinitrotoluene	606-20-2		U	0.250	0.0998
2,4,6-Trinitrotoluene	118-96-7	4.38		0.250	0.0998
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.0998
2-Nitrotoluene	88-72-2		U	0.250	0.0998
4-Nitrotoluene	99-99-0		U	0.250	0.0998
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.0998
RDX	121-82-4		U	0.250	0.0998
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	108	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-24

Client ID: 54ASC28

Matrix: Soil

Workgroup Number: WG333705

Collect Date: 05/25/2010 15:05

Sample Tag: 01

PrePrep Method: NONE

Prep Method: METHOD

Analytical Method: 8330B

Analyst: JWR

Dilution: 1

Units: mg/kg

Instrument: HPLC4

Prep Date: 06/04/2010 09:00

Cal Date: 05/15/2010 17:22

Run Date: 06/08/2010 17:27

File ID: 4L018192.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.0998
2,4-Dinitrotoluene	121-14-2		U	0.250	0.0998
2,6-Dinitrotoluene	606-20-2		U	0.250	0.0998
2,4,6-Trinitrotoluene	118-96-7	4.30		0.250	0.0998
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.0998
2-Nitrotoluene	88-72-2		U	0.250	0.0998
4-Nitrotoluene	99-99-0		U	0.250	0.0998
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.0998
RDX	121-82-4		U	0.250	0.0998
Nitroglycerin	55-63-0		U	0.250	0.0998
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	112	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-25
 Client ID: 54ASC31
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:20
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/08/2010 18:06
 File ID: 4L018193.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.0999
2,4-Dinitrotoluene	121-14-2		U	0.250	0.0999
2,6-Dinitrotoluene	606-20-2		U	0.250	0.0999
2,4,6-Trinitrotoluene	118-96-7		U	0.250	0.0999
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.0999
2-Nitrotoluene	88-72-2		U	0.250	0.0999
4-Nitrotoluene	99-99-0		U	0.250	0.0999
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.0999
RDX	121-82-4		U	0.250	0.0999
Nitroglycerin	55-63-0		U	0.250	0.0999
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	104	50	150		

U. Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-26
 Client ID: 54ASC32
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:25
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/08/2010 18:45
 File ID: 4L018194.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.249	0.0997
2,4-Dinitrotoluene	121-14-2		U	0.249	0.0997
2,6-Dinitrotoluene	606-20-2		U	0.249	0.0997
2,4,6-Trinitrotoluene	118-96-7		U	0.249	0.0997
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.249	0.0997
2-Nitrotoluene	88-72-2		U	0.249	0.0997
4-Nitrotoluene	99-99-0		U	0.249	0.0997
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.249	0.0997
RDX	121-82-4		U	0.249	0.0997
Nitroglycerin	55-63-0		U	0.249	0.0997
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	105	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-27
 Client ID: 54ASC33
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:30
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/08/2010 19:25
 File ID: 4L018195.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.249	0.0996
2,4-Dinitrotoluene	121-14-2		U	0.249	0.0996
2,6-Dinitrotoluene	606-20-2		U	0.249	0.0996
2,4,6-Trinitrotoluene	118-96-7		U	0.249	0.0996
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.249	0.0996
2-Nitrotoluene	88-72-2		U	0.249	0.0996
4-Nitrotoluene	99-99-0		U	0.249	0.0996
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.249	0.0996
RDX	121-82-4		U	0.249	0.0996
Nitroglycerin	55-63-0		U	0.249	0.0996
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	110	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-28
 Client ID: 54ASC34
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:35
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/08/2010 20:04
 File ID: 4L018196.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.248	0.0992
2,4-Dinitrotoluene	121-14-2		U	0.248	0.0992
2,6-Dinitrotoluene	606-20-2		U	0.248	0.0992
2,4,6-Trinitrotoluene	118-96-7		U	0.248	0.0992
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.248	0.0992
2-Nitrotoluene	88-72-2		U	0.248	0.0992
4-Nitrotoluene	99-99-0		U	0.248	0.0992
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.248	0.0992
RDX	121-82-4		U	0.248	0.0992
Nitroglycerin	55-63-0		U	0.248	0.0992
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	113	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-29
 Client ID: 54ASC35
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:40
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/10/2010 18:15
 File ID: 4L018248.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.245	0.0981
2,4-Dinitrotoluene	121-14-2		U	0.245	0.0981
2,6-Dinitrotoluene	606-20-2		U	0.245	0.0981
2,4,6-Trinitrotoluene	118-96-7	0.175	J	0.245	0.0981
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.245	0.0981
2-Nitrotoluene	88-72-2		U	0.245	0.0981
4-Nitrotoluene	99-99-0		U	0.245	0.0981
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.245	0.0981
RDX	121-82-4		U	0.245	0.0981
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	107	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-29
 Client ID: 54ASC35
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:40
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/08/2010 20:43
 File ID: 4L018197.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.245	0.0981
2,4-Dinitrotoluene	121-14-2		U	0.245	0.0981
2,6-Dinitrotoluene	606-20-2		U	0.245	0.0981
2,4,6-Trinitrotoluene	118-96-7	0.178	J	0.245	0.0981
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.245	0.0981
2-Nitrotoluene	88-72-2		U	0.245	0.0981
4-Nitrotoluene	99-99-0		U	0.245	0.0981
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.245	0.0981
RDX	121-82-4		U	0.245	0.0981
Nitroglycerin	55-63-0		U	0.245	0.0981
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	123	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-30
 Client ID: 54ASC36
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:45
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/08/2010 21:22
 File ID: 4L018198.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.251	0.100
2,4-Dinitrotoluene	121-14-2		U	0.251	0.100
2,6-Dinitrotoluene	606-20-2		U	0.251	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.251	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.251	0.100
2-Nitrotoluene	88-72-2		U	0.251	0.100
4-Nitrotoluene	99-99-0		U	0.251	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.251	0.100
RDX	121-82-4		U	0.251	0.100
Nitroglycerin	55-63-0		U	0.251	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	109	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-31
 Client ID: 54ATM36
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:50
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/08/2010 23:59
 File ID: 4L018202.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.248	0.0991
2,4-Dinitrotoluene	121-14-2		U	0.248	0.0991
2,6-Dinitrotoluene	606-20-2		U	0.248	0.0991
2,4,6-Trinitrotoluene	118-96-7		U	0.248	0.0991
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.248	0.0991
2-Nitrotoluene	88-72-2		U	0.248	0.0991
4-Nitrotoluene	99-99-0		U	0.248	0.0991
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.248	0.0991
RDX	121-82-4		U	0.248	0.0991
Nitroglycerin	55-63-0		U	0.248	0.0991
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	110	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-32
 Client ID: 54ASC37
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:55
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 00:38
 File ID: 4L018203.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	0.250	0.0998
2,4-Dinitrotoluene	121-14-2	2.31	J	0.250	0.0998
2,6-Dinitrotoluene	606-20-2	2.49	J	0.250	0.0998
2,4,6-Trinitrotoluene	118-96-7	374	J	0.250	0.0998
2-Amino-4,6-dinitrotoluene	35572-78-2	1.41	J	0.250	0.0998
2-Nitrotoluene	88-72-2	0.696	J	0.250	0.0998
4-Nitrotoluene	99-99-0	0.772	J	0.250	0.0998
4-Amino-2,6-dinitrotoluene	19406-51-0	3.93	J	0.250	0.0998
RDX	121-82-4	1.22	J	0.250	0.0998
Nitroglycerin	55-63-0	4.48	J	0.250	0.0998
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated ; the analyte concentration was greater than the highest standard

J Estimated concentration; sample matrix interference

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-32
 Client ID: 54ASC37
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:55
 Sample Tag: DL01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 100
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 14:19
 File ID: 4L018223.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	25.0	9.98
2,4-Dinitrotoluene	121-14-2		U	25.0	9.98
2,6-Dinitrotoluene	606-20-2		U	25.0	9.98
2,4,6-Trinitrotoluene	118-96-7	387		25.0	9.98
2-Amino-4,6-dinitrotoluene	35572-78-2		U	25.0	9.98
2-Nitrotoluene	88-72-2		U	25.0	9.98
4-Nitrotoluene	99-99-0		U	25.0	9.98
4-Amino-2,6-dinitrotoluene	19406-51-0		U	25.0	9.98
RDX	121-82-4		U	25.0	9.98
Nitroglycerin	55-63-0		U	25.0	9.98
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

U Not detected at or above the LOQ.

DL Surrogate or spike compound was diluted out

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-32
 Client ID: 54ASC37
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 15:55
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/10/2010 19:08
 File ID: 4L018249.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.0998
2,4-Dinitrotoluene	121-14-2	2.43		0.250	0.0998
2,6-Dinitrotoluene	606-20-2	2.39		0.250	0.0998
2,4,6-Trinitrotoluene	118-96-7	385	J	0.250	0.0998
2-Amino-4,6-dinitrotoluene	35572-78-2	1.34		0.250	0.0998
2-Nitrotoluene	88-72-2	0.734		0.250	0.0998
4-Nitrotoluene	99-99-0	0.845		0.250	0.0998
4-Amino-2,6-dinitrotoluene	19406-51-0	1.00		0.250	0.0998
RDX	121-82-4	2.01		0.250	0.0998
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	129	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-33
 Client ID: 54ASC38
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:00
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 01:17
 File ID: 4L018204.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.246	0.0982
2,4-Dinitrotoluene	121-14-2	0.644		J 0.246	0.0982
2,6-Dinitrotoluene	606-20-2	0.390		0.246	0.0982
2,4,6-Trinitrotoluene	118-96-7	16.3	J	R 0.246	0.0982
2-Amino-4,6-dinitrotoluene	35572-78-2	0.564		0.246	0.0982
2-Nitrotoluene	88-72-2		U	0.246	0.0982
4-Nitrotoluene	99-99-0		U	0.246	0.0982
4-Amino-2,6-dinitrotoluene	19406-51-0	0.717		0.246	0.0982
RDX	121-82-4		U	0.246	0.0982
Nitroglycerin	55-63-0	4.90		J 0.246	0.0982
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	118	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was greater than the highest standard



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-33
 Client ID: 54ASC38
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:00
 Sample Tag: DL01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 4
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 14:58
 File ID: 4L018224.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	0.982	0.393
2,4-Dinitrotoluene	121-14-2		UJ	0.982	0.393
2,6-Dinitrotoluene	606-20-2		UJ	0.982	0.393
2,4,6-Trinitrotoluene	118-96-7	16.2	J	0.982	0.393
2-Amino-4,6-dinitrotoluene	35572-78-2	0.553	J	0.982	0.393
2-Nitrotoluene	88-72-2		UJ	0.982	0.393
4-Nitrotoluene	99-99-0		UJ	0.982	0.393
4-Amino-2,6-dinitrotoluene	19406-51-0	0.777	J	0.982	0.393
RDX	121-82-4		UJ	0.982	0.393
Nitroglycerin	55-63-0	4.88	J	0.982	0.393
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	122	50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated concentration; sample matrix interference

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-33
 Client ID: 54ASC38
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:00
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/10/2010 20:01
 File ID: 4L018250.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.246	0.0982
2,4-Dinitrotoluene	121-14-2	0.446	J	0.246	0.0982
2,6-Dinitrotoluene	606-20-2	0.401	J	0.246	0.0982
2,4,6-Trinitrotoluene	118-96-7	16.7	J	0.246	0.0982
2-Amino-4,6-dinitrotoluene	35572-78-2	0.557	J	0.246	0.0982
2-Nitrotoluene	88-72-2		U	0.246	0.0982
4-Nitrotoluene	99-99-0		U	0.246	0.0982
4-Amino-2,6-dinitrotoluene	19406-51-0	0.603	J	0.246	0.0982
RDX	121-82-4		U	0.246	0.0982
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	103	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-34
 Client ID: 54ASC39
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:05
 Sample Tag: DL01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 10
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 17:35
 File ID: 4L018228.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	2.47	0.989
2,4-Dinitrotoluene	121-14-2	103	J	2.47	0.989
2,6-Dinitrotoluene	606-20-2	11.6		2.47	0.989
2,4,6-Trinitrotoluene	118-96-7	210	J	2.47	0.989
2-Amino-4,6-dinitrotoluene	35572-78-2		U	2.47	0.989
2-Nitrotoluene	88-72-2		U	2.47	0.989
4-Nitrotoluene	99-99-0		U	2.47	0.989
4-Amino-2,6-dinitrotoluene	19406-51-0	2.69		2.47	0.989
RDX	121-82-4	1.32	J	2.47	0.989
Nitroglycerin	55-63-0		U	2.47	0.989
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

U Not detected at or above the LOQ.

DL Surrogate or spike compound was diluted out

J Estimated ; the analyte concentration was less than the low standard (LOQ)

J Estimated ; the analyte concentration was greater than the highest standard



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-34
 Client ID: 54ASC39
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:05
 Sample Tag: CFI

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/10/2010 20:54
 File ID: 4L018251.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.247	0.0989
2,4-Dinitrotoluene	121-14-2	103	J	0.247	0.0989
2,6-Dinitrotoluene	606-20-2	11.6	J	0.247	0.0989
2,4,6-Trinitrotoluene	118-96-7	211	J	0.247	0.0989
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.247	0.0989
2-Nitrotoluene	88-72-2		U	0.247	0.0989
4-Nitrotoluene	99-99-0		U	0.247	0.0989
4-Amino-2,6-dinitrotoluene	19406-51-0	0.347	J	0.247	0.0989
RDX	121-82-4	0.936		0.247	0.0989
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	119	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-34
 Client ID: 54ASC39
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:05
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 01:56
 File ID: 4L018205.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	0.247	0.0989
2,4-Dinitrotoluene	121-14-2	102	J	0.247	0.0989
2,6-Dinitrotoluene	606-20-2	11.9	J	0.247	0.0989
2,4,6-Trinitrotoluene	118-96-7	208	J	0.247	0.0989
2-Amino-4,6-dinitrotoluene	35572-78-2		UJ	0.247	0.0989
2-Nitrotoluene	88-72-2		UJ	0.247	0.0989
4-Nitrotoluene	99-99-0		UJ	0.247	0.0989
4-Amino-2,6-dinitrotoluene	19406-51-0	2.47	J	0.247	0.0989
RDX	121-82-4	0.891	J	0.247	0.0989
Nitroglycerin	55-63-0		UJ	0.247	0.0989
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated ; the analyte concentration was greater than the highest standard

J Estimated concentration; sample matrix interference

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-34
 Client ID: 54ASC39
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:05
 Sample Tag: DL02

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 50
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 18:14
 File ID: 4L018229.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	12.4	4.95
2,4-Dinitrotoluene	121-14-2	116		12.4	4.95
2,6-Dinitrotoluene	606-20-2	11.1	J	12.4	4.95
2,4,6-Trinitrotoluene	118-96-7	209		12.4	4.95
2-Amino-4,6-dinitrotoluene	35572-78-2		U	12.4	4.95
2-Nitrotoluene	88-72-2		U	12.4	4.95
4-Nitrotoluene	99-99-0		U	12.4	4.95
4-Amino-2,6-dinitrotoluene	19406-51-0		U	12.4	4.95
RDX	121-82-4		U	12.4	4.95
Nitroglycerin	55-63-0		U	12.4	4.95
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

U Not detected at or above the LOQ.

DL Surrogate or spike compound was diluted out

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-35
 Client ID: 54ASC40
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:10
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/10/2010 21:47
 File ID: 4L018252.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	0.246	0.0982
2,4-Dinitrotoluene	121-14-2		UJ	0.246	0.0982
2,6-Dinitrotoluene	606-20-2		UJ	0.246	0.0982
2,4,6-Trinitrotoluene	118-96-7	3.90	J	0.246	0.0982
2-Amino-4,6-dinitrotoluene	35572-78-2		UJ	0.246	0.0982
2-Nitrotoluene	88-72-2		UJ	0.246	0.0982
4-Nitrotoluene	99-99-0		UJ	0.246	0.0982
4-Amino-2,6-dinitrotoluene	19406-51-0	0.148	J	0.246	0.0982
RDX	121-82-4		UJ	0.246	0.0982
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	498	50	150	*	

* Surrogate or spike compound out of range

J Estimated ; the analyte concentration was less than the low standard (LOQ)

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated concentration; sample matrix interference



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-35
 Client ID: 54ASC40
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:10
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 02:35
 File ID: 4L018206.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.246	0.0982
2,4-Dinitrotoluene	121-14-2		U	0.246	0.0982
2,6-Dinitrotoluene	606-20-2		U	0.246	0.0982
2,4,6-Trinitrotoluene	118-96-7	3.86		0.246	0.0982
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.246	0.0982
2-Nitrotoluene	88-72-2		U	0.246	0.0982
4-Nitrotoluene	99-99-0		U	0.246	0.0982
4-Amino-2,6-dinitrotoluene	19406-51-0	0.147	J	0.246	0.0982
RDX	121-82-4		U	0.246	0.0982
Nitroglycerin	55-63-0	0.292	J	0.246	0.0982
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	111	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-36
 Client ID: 54ASC41
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:15
 Sample Tag: DL01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 25
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 18:53
 File ID: 4L018230.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	6.23	2.49
2,4-Dinitrotoluene	121-14-2		U	6.23	2.49
2,6-Dinitrotoluene	606-20-2		U	6.23	2.49
2,4,6-Trinitrotoluene	118-96-7	93.8		6.23	2.49
2-Amino-4,6-dinitrotoluene	35572-78-2		U	6.23	2.49
2-Nitrotoluene	88-72-2		U	6.23	2.49
4-Nitrotoluene	99-99-0		U	6.23	2.49
4-Amino-2,6-dinitrotoluene	19406-51-0		U	6.23	2.49
RDX	121-82-4		U	6.23	2.49
Nitroglycerin	55-63-0	2.94	J	6.23	2.49
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

U Not detected at or above the LOQ.

DL Surrogate or spike compound was diluted out

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-36
 Client ID: 54ASC41
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:15
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 03:14
 File ID: 4L018207.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	0.249	0.0997
2,4-Dinitrotoluene	121-14-2	0.731	J	0.249	0.0997
2,6-Dinitrotoluene	606-20-2	1.15	J	0.249	0.0997
2,4,6-Trinitrotoluene	118-96-7	93.9	J	0.249	0.0997
2-Amino-4,6-dinitrotoluene	35572-78-2	2.34	J	0.249	0.0997
2-Nitrotoluene	88-72-2	0.180	J	0.249	0.0997
4-Nitrotoluene	99-99-0	0.236	J	0.249	0.0997
4-Amino-2,6-dinitrotoluene	19406-51-0	3.02	J	0.249	0.0997
RDX	121-82-4	0.663	J	0.249	0.0997
Nitroglycerin	55-63-0	3.92	J	0.249	0.0997
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	*	

* Surrogate or spike compound out of range

J Estimated ; the analyte concentration was less than the low standard (LOQ)

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated ; the analyte concentration was greater than the highest standard

J Estimated concentration; sample matrix interference

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-36
 Client ID: 54ASC41
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/25/2010 16:15
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/10/2010 22:40
 File ID: 4L018253.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		UJ	R 0.249	0.0997
2,4-Dinitrotoluene	121-14-2	0.918	J	R 0.249	0.0997
2,6-Dinitrotoluene	606-20-2	1.26	J	R 0.249	0.0997
2,4,6-Trinitrotoluene	118-96-7	94.9	J	R 0.249	0.0997
2-Amino-4,6-dinitrotoluene	35572-78-2	2.30	J	R 0.249	0.0997
2-Nitrotoluene	88-72-2	0.175	J	R 0.249	0.0997
4-Nitrotoluene	99-99-0	0.173	J	R 0.249	0.0997
4-Amino-2,6-dinitrotoluene	19406-51-0	1.12	J	R 0.249	0.0997
RDX	121-82-4	0.448	J	R 0.249	0.0997
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	*	

* Surrogate or spike compound out of range

J Estimated ; the analyte concentration was less than the low standard (LOQ)

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated ; the analyte concentration was greater than the highest standard

J Estimated concentration; sample matrix interference



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-37
 Client ID: 54ASC42
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:00
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 03:53
 File ID: 4L018208.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.246	0.0985
2,4-Dinitrotoluene	121-14-2		U	0.246	0.0985
2,6-Dinitrotoluene	606-20-2		U	0.246	0.0985
2,4,6-Trinitrotoluene	118-96-7		U	0.246	0.0985
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.246	0.0985
2-Nitrotoluene	88-72-2		U	0.246	0.0985
4-Nitrotoluene	99-99-0		U	0.246	0.0985
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.246	0.0985
RDX	121-82-4		U	0.246	0.0985
Nitroglycerin	55-63-0		U	0.246	0.0985
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	114	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-38
 Client ID: 54ASC43
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:05
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 04:33
 File ID: 4L018209.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.251	0.100
2,4-Dinitrotoluene	121-14-2		U	0.251	0.100
2,6-Dinitrotoluene	606-20-2		U	0.251	0.100
2,4,6-Trinitrotoluene	118-96-7		U	0.251	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.251	0.100
2-Nitrotoluene	88-72-2		U	0.251	0.100
4-Nitrotoluene	99-99-0		U	0.251	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.251	0.100
RDX	121-82-4		U	0.251	0.100
Nitroglycerin	55-63-0		U	0.251	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	106	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-39
 Client ID: 54ASC45
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:15
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 05:12
 File ID: 4L018210.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.248	0.0992
2,4-Dinitrotoluene	121-14-2		U	0.248	0.0992
2,6-Dinitrotoluene	606-20-2		U	0.248	0.0992
2,4,6-Trinitrotoluene	118-96-7	0.172	J	0.248	0.0992
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.248	0.0992
2-Nitrotoluene	88-72-2		U	0.248	0.0992
4-Nitrotoluene	99-99-0		U	0.248	0.0992
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.248	0.0992
RDX	121-82-4		U	0.248	0.0992
Nitroglycerin	55-63-0		U	0.248	0.0992
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	107	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-39
 Client ID: 54ASC45
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:15
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/11/2010 02:13
 File ID: 4L018257.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.248	0.0992
2,4-Dinitrotoluene	121-14-2		U	0.248	0.0992
2,6-Dinitrotoluene	606-20-2		U	0.248	0.0992
2,4,6-Trinitrotoluene	118-96-7	0.165	J	0.248	0.0992
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.248	0.0992
2-Nitrotoluene	88-72-2		U	0.248	0.0992
4-Nitrotoluene	99-99-0		U	0.248	0.0992
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.248	0.0992
RDX	121-82-4		U	0.248	0.0992
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	108	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-40
 Client ID: 54ASC46
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:20
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 07:48
 File ID: 4L018214.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.0999
2,4-Dinitrotoluene	121-14-2		U	0.250	0.0999
2,6-Dinitrotoluene	606-20-2		U	0.250	0.0999
2,4,6-Trinitrotoluene	118-96-7	0.593	M	0.250	0.0999
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.0999
2-Nitrotoluene	88-72-2		U	0.250	0.0999
4-Nitrotoluene	99-99-0		U	0.250	0.0999
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.0999
RDX	121-82-4		U	0.250	0.0999
Nitroglycerin	55-63-0		U	0.250	0.0999
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	99.9	50	150		

M Matrix effect; the concentration is an estimate due to matrix effect.

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-40
 Client ID: 54ASC46
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:20
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/11/2010 03:06
 File ID: 4L018258.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.0999
2,4-Dinitrotoluene	121-14-2		U	0.250	0.0999
2,6-Dinitrotoluene	606-20-2		U	0.250	0.0999
2,4,6-Trinitrotoluene	118-96-7	0.586	J	0.250	0.0999
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.0999
2-Nitrotoluene	88-72-2		U	0.250	0.0999
4-Nitrotoluene	99-99-0		U	0.250	0.0999
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.0999
RDX	121-82-4		U	0.250	0.0999
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	108	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-43
 Client ID: 54ASC47
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:35
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/11/2010 03:59
 File ID: 4L018259.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.252	0.101
2,4-Dinitrotoluene	121-14-2	0.213	J	0.252	0.101
2,6-Dinitrotoluene	606-20-2		U	0.252	0.101
2,4,6-Trinitrotoluene	118-96-7	0.658		0.252	0.101
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.252	0.101
2-Nitrotoluene	88-72-2		U	0.252	0.101
4-Nitrotoluene	99-99-0		U	0.252	0.101
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.252	0.101
RDX	121-82-4		U	0.252	0.101
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	110	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-43
 Client ID: S4ASC47
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:35
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 10:25
 File ID: 4L018218.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.252	0.101
2,4-Dinitrotoluene	121-14-2	0.209	J	0.252	0.101
2,6-Dinitrotoluene	606-20-2		U	0.252	0.101
2,4,6-Trinitrotoluene	118-96-7	0.649		0.252	0.101
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.252	0.101
2-Nitrotoluene	88-72-2		U	0.252	0.101
4-Nitrotoluene	99-99-0		U	0.252	0.101
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.252	0.101
RDX	121-82-4		U	0.252	0.101
Nitroglycerin	55-63-0		U	0.252	0.101
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	117	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-44
 Client ID: 54ASC48
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:40
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/11/2010 04:52
 File ID: 4L018260.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0	0.297	J	0.248	0.0992
2,4-Dinitrotoluene	121-14-2	136	J	0.248	0.0992
2,6-Dinitrotoluene	606-20-2	58.9	J	0.248	0.0992
2,4,6-Trinitrotoluene	118-96-7	1100	J	0.248	0.0992
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.248	0.0992
2-Nitrotoluene	88-72-2		UJ	0.248	0.0992
4-Nitrotoluene	99-99-0		UJ	0.248	0.0992
4-Amino-2,6-dinitrotoluene	19406-51-0	1.60	J	0.248	0.0992
RDX	121-82-4	8.50	J	0.248	0.0992
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	234	50	150	*	

U Not detected at or above the LOQ.

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated; the analyte concentration was greater than the highest standard

J Estimated concentration; sample matrix interference

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-44
 Client ID: 54ASC48
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:40
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 11:04
 File ID: 4L018219.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0	0.159	J	0.248	0.0992
2,4-Dinitrotoluene	121-14-2	132	J	0.248	0.0992
2,6-Dinitrotoluene	606-20-2	61.1	J	0.248	0.0992
2,4,6-Trinitrotoluene	118-96-7	850	J	0.248	0.0992
2-Amino-4,6-dinitrotoluene	35572-78-2		UJ	0.248	0.0992
2-Nitrotoluene	88-72-2		UJ	0.248	0.0992
4-Nitrotoluene	99-99-0		UJ	0.248	0.0992
4-Amino-2,6-dinitrotoluene	19406-51-0	14.8	J	0.248	0.0992
RDX	121-82-4	4.52	J	0.248	0.0992
Nitroglycerin	55-63-0	0.330	J	0.248	0.0992
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	*	

* Surrogate or spike compound out of range

J Estimated ; the analyte concentration was less than the low standard (LOQ)

UJ Undetected; the analyte was analyzed for, but not detected.

J Estimated ; the analyte concentration was greater than the highest standard

J Estimated concentration; sample matrix interference



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-44
 Client ID: 54ASC48
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:40
 Sample Tag: DL01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 10
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 19:32
 File ID: 4L018231.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	2.48	0.992
2,4-Dinitrotoluene	121-14-2	131	J	2.48	0.992
2,6-Dinitrotoluene	606-20-2	59.1		2.48	0.992
2,4,6-Trinitrotoluene	118-96-7	1290	J	2.48	0.992
2-Amino-4,6-dinitrotoluene	35572-78-2		U	2.48	0.992
2-Nitrotoluene	88-72-2		U	2.48	0.992
4-Nitrotoluene	99-99-0		U	2.48	0.992
4-Amino-2,6-dinitrotoluene	19406-51-0	13.2	J	2.48	0.992
RDX	121-82-4	4.88	J	2.48	0.992
Nitroglycerin	55-63-0		U	2.48	0.992
Surrogate	% Recovery	Lower	Upper	Q. 1	
1,2-Dinitrobenzene		50	150	*	

U Not detected at or above the LOQ.

* Surrogate or spike compound out of range

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-44
 Client ID: 54ASC48
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:40
 Sample Tag: DL02

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 100
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 21:30
 File ID: 4L018234.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	24.8	9.92
2,4-Dinitrotoluene	121-14-2	129		24.8	9.92
2,6-Dinitrotoluene	606-20-2	53.6		24.8	9.92
2,4,6-Trinitrotoluene	118-96-7	1290	J	24.8	9.92
2-Amino-4,6-dinitrotoluene	35572-78-2		U	24.8	9.92
2-Nitrotoluene	88-72-2		U	24.8	9.92
4-Nitrotoluene	99-99-0		U	24.8	9.92
4-Amino-2,6-dinitrotoluene	19406-51-0	10.2	J	24.8	9.92
RDX	121-82-4		U	24.8	9.92
Nitroglycerin	55-63-0		U	24.8	9.92
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	*	

U Not detected at or above the LOQ.

* Surrogate or spike compound out of range

J Estimated ; the analyte concentration was less than the low standard (LOQ)

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-44
 Client ID: 54ASC48
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:40
 Sample Tag: DL03

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1000
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/09/2010 23:27
 File ID: 4L018237.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	248	99.2
2,4-Dinitrotoluene	121-14-2	138	J	248	99.2
2,6-Dinitrotoluene	606-20-2		U	248	99.2
2,4,6-Trinitrotoluene	118-96-7	1300		248	99.2
2-Amino-4,6-dinitrotoluene	35572-78-2		U	248	99.2
2-Nitrotoluene	88-72-2		U	248	99.2
4-Nitrotoluene	99-99-0		U	248	99.2
4-Amino-2,6-dinitrotoluene	19406-51-0		U	248	99.2
RDX	121-82-4		U	248	99.2
Nitroglycerin	55-63-0		U	248	99.2
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	*	

U Not detected at or above the LOQ.

* Surrogate or spike compound out of range

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-44
 Client ID: 54ASC48
 Matrix: Soil
 Workgroup Number: WG333705
 Collect Date: 05/26/2010 08:40
 Sample Tag: CFDL1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 10
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/04/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/11/2010 07:31
 File ID: 4L018263.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	2.48	0.992
2,4-Dinitrotoluene	121-14-2	134	J	2.48	0.992
2,6-Dinitrotoluene	606-20-2	56.0		2.48	0.992
2,4,6-Trinitrotoluene	118-96-7	1300	J	2.48	0.992
2-Amino-4,6-dinitrotoluene	35572-78-2		U	2.48	0.992
2-Nitrotoluene	88-72-2		U	2.48	0.992
4-Nitrotoluene	99-99-0		U	2.48	0.992
4-Amino-2,6-dinitrotoluene	19406-51-0	1.42	J	2.48	0.992
RDX	121-82-4		U	2.48	0.992
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

U Not detected at or above the LOQ.

DL Surrogate or spike compound was diluted out

J Estimated ; the analyte concentration was less than the low standard (LOQ)

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-45
 Client ID: 54ASC49
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 08:45
 Sample Tag: CF1

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/23/2010 11:13
 File ID: 4L018473.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0	0.243	J	0.250	0.100
2,4-Dinitrotoluene	121-14-2	177	J	0.250	0.100
2,6-Dinitrotoluene	606-20-2	66.5	J	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	786	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2	2.77		0.250	0.100
4-Nitrotoluene	99-99-0	0.602		0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4	11.8	J	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	126	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-45
 Client ID: 54ASC49
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 08:45
 Sample Tag: CF2

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 100
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/19/2010 23:26
 File ID: 4L018388.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	25.0	10.0
2,4-Dinitrotoluene	121-14-2	184		25.0	10.0
2,6-Dinitrotoluene	606-20-2	70.4		25.0	10.0
2,4,6-Trinitrotoluene	118-96-7	875		25.0	10.0
2-Amino-4,6-dinitrotoluene	35572-78-2		U	25.0	10.0
2-Nitrotoluene	88-72-2		U	25.0	10.0
4-Nitrotoluene	99-99-0		U	25.0	10.0
4-Amino-2,6-dinitrotoluene	19406-51-0		U	25.0	10.0
RDX	121-82-4		U	25.0	10.0
Nitroglycerin	55-63-0		U	25.0	10.0
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

U Not detected at or above the LOQ.

DL Surrogate or spike compound was diluted out

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-45
 Client ID: 54ASC49
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 08:45
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/15/2010 17:53
 File ID: 4L018274.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0	0.528		0.250	0.100
2,4-Dinitrotoluene	121-14-2	180	J	0.250	0.100
2,6-Dinitrotoluene	606-20-2	69.4	J	0.250	0.100
2,4,6-Trinitrotoluene	118-96-7	725	J	0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.250	0.100
2-Nitrotoluene	88-72-2	1.65		0.250	0.100
4-Nitrotoluene	99-99-0	0.610		0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.100
RDX	121-82-4	6.95	J	0.250	0.100
Nitroglycerin	55-63-0	0.691	J	0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	95.4	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was greater than the highest standard



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-45
 Client ID: 54ASC49
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 08:45
 Sample Tag: DL01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 50
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/16/2010 17:47
 File ID: 4L018307.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	12.5	5.01
2,4-Dinitrotoluene	121-14-2	176		12.5	5.01
2,6-Dinitrotoluene	606-20-2	66.4		12.5	5.01
2,4,6-Trinitrotoluene	118-96-7	862	J	12.5	5.01
2-Amino-4,6-dinitrotoluene	35572-78-2		U	12.5	5.01
2-Nitrotoluene	88-72-2		U	12.5	5.01
4-Nitrotoluene	99-99-0		U	12.5	5.01
4-Amino-2,6-dinitrotoluene	19406-51-0		U	12.5	5.01
RDX	121-82-4		U	12.5	5.01
Nitroglycerin	55-63-0		U	12.5	5.01
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

U Not detected at or above the LOQ.

DL Surrogate or spike compound was diluted out

J Estimated ; the analyte concentration was greater than the highest standard

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-45
 Client ID: 54ASC49
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 08:45
 Sample Tag: DL02

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 500
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/16/2010 17:07
 File ID: 4L018306.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	125	50.1
2,4-Dinitrotoluene	121-14-2	178	J	125	50.1
2,6-Dinitrotoluene	606-20-2	77.0	J	125	50.1
2,4,6-Trinitrotoluene	118-96-7	837	J	125	50.1
2-Amino-4,6-dinitrotoluene	35572-78-2		U	125	50.1
2-Nitrotoluene	88-72-2		U	125	50.1
4-Nitrotoluene	99-99-0		U	125	50.1
4-Amino-2,6-dinitrotoluene	19406-51-0		U	125	50.1
RDX	121-82-4		U	125	50.1
Nitroglycerin	55-63-0		U	125	50.1
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

U Not detected at or above the LOQ.

DL Surrogate or spike compound was diluted out

J Estimated ; the analyte concentration was less than the low standard (LOQ)

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-46
 Client ID: 54ASC50
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 08:50
 Sample Tag: CF01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 5
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/20/2010 02:23
 File ID: 4L018392.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	1.25	0.500
2,4-Dinitrotoluene	121-14-2	1.40		1.25	0.500
2,6-Dinitrotoluene	606-20-2	1.83		1.25	0.500
2,4,6-Trinitrotoluene	118-96-7	40.9		1.25	0.500
2-Amino-4,6-dinitrotoluene	35572-78-2	2.81		1.25	0.500
2-Nitrotoluene	88-72-2		U	1.25	0.500
4-Nitrotoluene	99-99-0		U	1.25	0.500
4-Amino-2,6-dinitrotoluene	19406-51-0	1.74		1.25	0.500
RDX	121-82-4	1.50		1.25	0.500
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	109	50	150		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-46
 Client ID: 54ASC50
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 08:50
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/15/2010 18:32
 File ID: 4L018275.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.100
2,4-Dinitrotoluene	121-14-2	0.973		0.250	0.100
2,6-Dinitrotoluene	606-20-2	1.23		0.250	0.100
2-Amino-4,6-dinitrotoluene	35572-78-2	2.51		0.250	0.100
2-Nitrotoluene	88-72-2		U	0.250	0.100
4-Nitrotoluene	99-99-0		U	0.250	0.100
4-Amino-2,6-dinitrotoluene	19406-51-0	2.58		0.250	0.100
RDX	121-82-4	0.955		0.250	0.100
Nitroglycerin	55-63-0	2.42		0.250	0.100
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	90.0	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-46
Client ID: 54ASC50
Matrix: Soil
Workgroup Number: WG333707
Collect Date: 05/26/2010 08:50
Sample Tag: DL01

PrePrep Method: NONE
Prep Method: METHOD
Analytical Method: 8330B
Analyst: JWR
Dilution: 20
Units: mg/kg

Instrument: HPLC4
Prep Date: 06/07/2010 09:00
Cal Date: 05/15/2010 17:22
Run Date: 06/16/2010 18:26
File ID: 4L018308.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
2,4,6-Trinitrotoluene	118-96-7	39.7		5.00	2.00
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

DL Surrogate or spike compound was diluted out

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-47
 Client ID: 54ASC51
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 08:55
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/15/2010 19:11
 File ID: 4L018276.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.248	0.0992
2,4-Dinitrotoluene	121-14-2	0.110	J	0.248	0.0992
2,6-Dinitrotoluene	606-20-2	0.249		0.248	0.0992
2,4,6-Trinitrotoluene	118-96-7	8.12		0.248	0.0992
2-Amino-4,6-dinitrotoluene	35572-78-2	0.348	J	0.248	0.0992
2-Nitrotoluene	88-72-2		U	0.248	0.0992
4-Nitrotoluene	99-99-0		U	0.248	0.0992
4-Amino-2,6-dinitrotoluene	19406-51-0	0.456	J	0.248	0.0992
RDX	121-82-4	0.213	J	0.248	0.0992
Nitroglycerin	55-63-0		U	0.248	0.0992
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	72.2	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-47
 Client ID: 54ASC51
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 08:55
 Sample Tag: CF01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/20/2010 03:17
 File ID: 4L018393.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.248	0.0992
2,4-Dinitrotoluene	121-14-2	0.126	J	0.248	0.0992
2,6-Dinitrotoluene	606-20-2	0.182	J	0.248	0.0992
2,4,6-Trinitrotoluene	118-96-7	8.38		0.248	0.0992
2-Amino-4,6-dinitrotoluene	35572-78-2	0.182	J	0.248	0.0992
2-Nitrotoluene	88-72-2		U	0.248	0.0992
4-Nitrotoluene	99-99-0		U	0.248	0.0992
4-Amino-2,6-dinitrotoluene	19406-51-0	0.175	J	0.248	0.0992
RDX	121-82-4	0.322		0.248	0.0992
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	109	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-48

Client ID: 54ASC52

Matrix: Soil

Workgroup Number: WG333707

Collect Date: 05/26/2010 09:00

Sample Tag: 01

PrePrep Method: NONE

Prep Method: METHOD

Analytical Method: 8330B

Analyst: JWR

Dilution: 1

Units: mg/kg

Instrument: HPLC4

Prep Date: 06/07/2010 09:00

Cal Date: 05/15/2010 17:22

Run Date: 06/15/2010 19:51

File ID: 4L018277.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.247	0.0987
2,4-Dinitrotoluene	121-14-2		U	0.247	0.0987
2,6-Dinitrotoluene	606-20-2	0.331		0.247	0.0987
2,4,6-Trinitrotoluene	118-96-7	8.17		0.247	0.0987
2-Amino-4,6-dinitrotoluene	35572-78-2	0.270		0.247	0.0987
2-Nitrotoluene	88-72-2		U	0.247	0.0987
4-Nitrotoluene	99-99-0		U	0.247	0.0987
4-Amino-2,6-dinitrotoluene	19406-51-0	0.477		0.247	0.0987
RDX	121-82-4		U	0.247	0.0987
Nitroglycerin	55-63-0		U	0.247	0.0987
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	79.3	50	150		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-48
Client ID: 54ASC52
Matrix: Soil
Workgroup Number: WG333707
Collect Date: 05/26/2010 09:00
Sample Tag: DL01

PrePrep Method: NONE
Prep Method: METHOD
Analytical Method: 8330B
Analyst: JWR
Dilution: 5
Units: mg/kg

Instrument: HPLC4
Prep Date: 06/07/2010 09:00
Cal Date: 05/15/2010 17:22
Run Date: 06/16/2010 20:43
File ID: 4L018312.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
2,4,6-Trinitrotoluene	118-96-7	7.92		1.23	0.494
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	108	50	150		



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-48
 Client ID: 54ASC52
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 09:00
 Sample Tag: CF01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 2
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/20/2010 05:03
 File ID: 4L018395.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.494	0.197
2,4-Dinitrotoluene	121-14-2		U	0.494	0.197
2,6-Dinitrotoluene	606-20-2	0.272	J	0.494	0.197
2,4,6-Trinitrotoluene	118-96-7	8.20		0.494	0.197
2-Amino-4,6-dinitrotoluene	35572-78-2	0.257	J	0.494	0.197
2-Nitrotoluene	88-72-2		U	0.494	0.197
4-Nitrotoluene	99-99-0		U	0.494	0.197
4-Amino-2,6-dinitrotoluene	19406-51-0	0.237	J	0.494	0.197
RDX	121-82-4		U	0.494	0.197
Nitroglycerin	55-63-0		U	0.494	0.197
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	63.4	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-49
 Client ID: 54ASC53
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 05/26/2010 09:05
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/15/2010 20:30
 File ID: 4L018278.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.251	0.101
2,4-Dinitrotoluene	121-14-2		U	0.251	0.101
2,6-Dinitrotoluene	606-20-2		U	0.251	0.101
2,4,6-Trinitrotoluene	118-96-7		U	0.251	0.101
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.251	0.101
2-Nitrotoluene	88-72-2		U	0.251	0.101
4-Nitrotoluene	99-99-0		U	0.251	0.101
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.251	0.101
RDX	121-82-4		U	0.251	0.101
Nitroglycerin	55-63-0		U	0.251	0.101
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	82.6	50	150		

U Not detected at or above the LOQ.

Shaw Environmental, Inc.
2113 Emmorton Park Road
Edgewood, Maryland
410-612-6350
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MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Lead
Microbac Laboratories, Inc., SDG L10060021

DATE: September 2, 2010; Revised October 11, 2010

The purpose of this memorandum is to present the data validation report for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on May 25, 2010 and May 26, 2010. This report was revised to account for the duplicate pairs analyzed in SDG L10060021. Solid samples were analyzed for lead using USEPA SW-846 3051A/6010B for ICP lead. A total of forty five solid samples were validated. The sample IDs are:

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ASC06 3'	L10060021-01	54ASC32	L10060021-26
54ASC07 3'	L10060021-02	54ASC33	L10060021-27
54ASC08 3'	L10060021-03	54ASC34	L10060021-28
54ASC09 3'	L10060021-04	54ASC35	L10060021-29
54ASC10 3'	L10060021-05	54ASC36	L10060021-30
54ASC11 3'	L10060021-06	54ATM36	L10060021-31
54ASC12 3'	L10060021-07	54ASC37	L10060021-32
54ASC13 3'	L10060021-08	54ASC38	L10060021-33
54ASC14 3'	L10060021-09	54ASC39	L10060021-34
54ASC15 3'	L10060021-10	54ASC40	L10060021-35
54ASC16 3'	L10060021-11	54ASC41	L10060021-36
54ASC18 3'	L10060021-12	54ASC42	L10060021-37
54ASC20 3'	L10060021-13	54ASC43	L10060021-38
54ASC21 3'	L10060021-14	54ASC45	L10060021-39
54ASC22 3'	L10060021-15	54ASC46	L10060021-40
54ASC23 3'	L10060021-16	54ASC47	L10060021-43
54ASC24 3'	L10060021-17	54ASC48	L10060021-44
54ASC25 3'	L10060021-18	54ASC49	L10060021-45
54ASC26 3'	L10060021-19	54ASC50	L10060021-46
54ATM26 3'	L10060021-20	54ASC51	L10060021-47
54ASC27	L10060021-23	54ASC52	L10060021-48
54ASC28	L10060021-24	54ASC53	L10060021-49
54ASC31	L10060021-25		

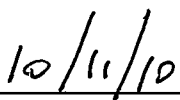
Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Inorganic Data Review* (April, 1993). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Initial and Continuing Calibration
	X	Blank Analysis
	X	ICP Interference Check Sample (ICS)
	X	Laboratory Control Sample (LCS)
	X	Laboratory Sample Duplicate
X		Matrix Spike and Spike Duplicate
	X	ICP Serial Dilution
X		Field Sample Duplicate
	X	Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable with noted qualifications.


 Eric Malarek, Chemist


 Date

**RFAAP VALIDATION REPORT
METALS REVIEW
SDG L10060021**

I-Holding Times and Preservation

The primary objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample analysis. Holding time criteria: For solid matrices, the samples are shipped at ambient temperature for ICP metals (cool @4°C±2°C if with other tests) with a maximum holding time is 180 days (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 05/25/10 and 05/26/10, the coolers were received by the primary laboratory (Microbac) on 05/27/10 at 3.0°C, 1.0°C, 2.0°C, and 3.0°C. Even though the cooler temperature was below criteria for one of the coolers; there were no impacts for the sample analysis and no qualifiers were applied based upon this outlier.
- Holding Time Review: Samples were collected 05/25/10 and 05/26/10 for lead analysis. For solid samples, the soil samples were digested on 06/01/10 and 06/02/10 and analyzed on 06/02/10 and 06/03/10 for ICP lead. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Initial and Continuing Calibration

Requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable quantitative data. Initial calibration demonstrates that the instrument is capable of acceptable performance at the beginning of the analysis run, and continuing calibration verification documents that the initial calibration is still valid.

ICP: 1- blank (DoD QSM <½ MRL)
 3 – standards ($r \geq 0.995$)
 ICV/CCV (90-110%) (DoD QSM 90-110%)
 MRL (70-130%) (DoD QSM 80-120%)
 High Std. (95-105%)

- The solid samples were analyzed for ICP metals on 06/02/10 and 06/03/10. Lead was determined using linear regression with a correlation coefficient ≥ 0.995 for all runs. All ICV/CCV/High Standard/MRL criteria were met for lead for all runs. No qualifiers were applied.

III-Blanks

Blanks (preparation and calibration blanks) are assessed to determine the existence and magnitude of contamination problems. No contaminants should be detected (i.e. <MDL) in any of the associated blanks. DoD QSM limits are <½MRL for the method blank and <2*MDL for the calibration blanks. Samples are qualified "B" when they are less than 5x the absolute value of the maximum blank concentration. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 10 for ICP) if needed.

Table 2 Blank Contamination Analysis Summary

Analysis Date	Analysis	QC Blank ID	Max Conc. mg/kg	Action Level mg/kg	B qualified samples (for this SDG)
06/02/10	ICP Pb	ICB/CCBs	<2*MDL	NA	None
06/03/10	ICP Pb	ICB/CCBs	<2*MDL	NA	None
06/03/10	ICP Pb	ICB/CCBs	<2*MDL	NA	None
06/02/10	ICP Pb	WG333152-02	<1/2*MRL	NA	None
06/03/10	ICP Pb	WG333111-02	<1/2*MRL	NA	None
06/03/10	ICP Pb	WG333145-02	<1/2*MRL	NA	None

NA = Not Applicable

MDL = Method Detection Limit.

MRL = Method Reporting Limit.

IV-ICP Interference Check Sample (ICS)

The ICP interference check sample (ICS) verifies interelement and background correction factors. ICP Interference Check is performed at the beginning and end of each sample analysis run. Control limits are 80-120% (DoD QSM limits 80-120%).

- All criteria were met. No qualifiers were applied.

V-Laboratory Control Samples (LCS)

The laboratory control sample (LCS) serves as a monitor of the overall performance of each step during the analysis, including the sample preparation. All aqueous LCS results must fall within the control limits. The DoD QSM solid LCS recovery limits are specified in Table G-19 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used.

- Sample WG333152-03 was used as solid LCS for ICP metals analysis on 06/02/10. All criteria were met. No qualifiers were applied. Samples 54ASC49 (L10060021-45), 54ASC50 (L10060021-46), 54ASC51 (L10060021-47), 54ASC52 (L10060021-48), and 54ASC53 (L10060021-49) apply to this LCS.
- Sample WG333111-03 was used as solid LCS for ICP metals analysis on 06/03/10. All criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), and 54ATM26 3' (L10060021-20) apply to this LCS.
- Sample WG333145-03 was used as solid LCS for ICP metals analysis on 06/03/10. All criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), and 54ASC48 (L10060021-44) apply to this LCS.

VI-Laboratory Duplicate Sample Analysis

Duplicate sample determinations are used to demonstrate acceptable method precision by the laboratory at the time of analysis. Duplicate analyses are also performed to generate data in order to determine the long-term precision of the analytical method on various matrices. RPDs must be within established control limits. DoD QSM limits for metals are 20% RPD for ICP metals.

- No laboratory duplicate was analyzed. Laboratory precision was evaluated using the Matrix Spike and Matrix Spike Duplicate (Section VII).

VII-Matrix Spike/Spike Duplicate

MS/MSD are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. Specific criteria include the analyses of matrix spike and matrix spike duplicate samples at a frequency of one MS and MSD per 20 samples of similar matrix. MS and MSD recoveries and relative percent differences between MS and MSD recoveries should be within the specified limits. DoD QSM solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-19 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. Post digestion spikes limits are 75-125% for ICP metals.

- Sample WG333152-01 was used as solid laboratory MS/MSD for ICP lead analysis on 06/02/10. The spiked sample was not a RFAAP site specific sample; therefore, was not evaluated. Samples 54ASC49 (L10060021-45), 54ASC50 (L10060021-46), 54ASC51 (L10060021-47), 54ASC52 (L10060021-48), and 54ASC53 (L10060021-49) apply to this MS/MSD.
- Sample 54ASC26 3' (L10060021-19) was used as solid laboratory MS/MSD for ICP lead analysis on 06/03/10. Lead (1520%, 759%; RPD=63.1%) was outside criteria. Lead was qualified estimated "J" for detects and no qualification for non-detects based upon the high RPD and recoveries. The associated post digestion spike and LCS were both within criteria limits. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), and 54ATM26 3' (L10060021-20) apply to this MS/MSD.
- Sample 54ASC46 (L10060021-40) was used as solid laboratory MS/MSD for ICP lead analysis on 06/03/10. All criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), and 54ASC48 (L10060021-44) apply to this MS/MSD.

VIII-ICP Serial Dilution

An ICP serial dilution is performed to determine whether significant physical or chemical interferences exist due to sample matrix at high concentrations. An analysis of a 5-fold dilution should agree within 10% difference of the original result when the concentration in sample is a factor of 50 above MDL.

- The serial dilution for ICP lead was analyzed on 06/02/10 using solid sample L10050825-30. The serial dilution sample was not a RFAAP site specific sample; therefore, was not evaluated. Samples 54ASC49 (L10060021-45), 54ASC50 (L10060021-46), 54ASC51 (L10060021-47), 54ASC52 (L10060021-48), and 54ASC53 (L10060021-49) apply to this serial dilution.
- The serial dilution for ICP lead was analyzed on 06/03/10 using solid sample 54ASC06 3' (L10060021-01). All criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), and 54ATM26 3' (L10060021-20) apply to this serial dilution.
- The serial dilution for ICP lead was analyzed on 06/03/10 using solid sample 54ASC27 (L10060021-23). All criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), and 54ASC48 (L10060021-44) apply to this serial dilution.

IX-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 35% RPD for the solid samples.

- Field soil sample duplicate pair 54ASC26 3' (L10060021-19) and 54ATM26 3' (L10060021-20) was collected for lead. Lead was detected in the original sample at 6.33 mg/kg and in the duplicate pair at 7.42 mg/kg resulting in a RPD of 15.9%. All criteria were met. No qualifiers were applied.
- Field soil sample duplicate pair 54ASC36 (L10060021-30) and 54ATM36 (L10060021-31) was collected for lead. Lead was detected in the original sample at 10.4 mg/kg and in the duplicate pair at 10.5 mg/kg resulting in a RPD of 1.0%. All criteria were met. No qualifiers were applied.
- Field soil sample duplicate pair 54ASC16 3' (L10060021-11) and 54ATM16 (L10060090-01) was collected for lead. Lead was detected in the original sample at 56.1 mg/kg and in the duplicate pair at 112 mg/kg resulting in a RPD of 66.5%. Lead exceeded the criteria limit; therefore, was qualified estimated "J" for the duplicate pair based upon the high RPD. The duplicate pair was collected approximately a week apart; which may of lead to the high RPD.

- Field soil sample duplicate pair 54ASC46 (L10060021-40) and 54ATM46 (L10060090-07) was collected for lead. Lead was detected in the original sample at 15.0 mg/kg and in the duplicate pair at 22.2 mg/kg resulting in a RPD of 38.7%. Lead exceeded the criteria limit; therefore, was qualified estimated "J" for the duplicate pair based upon the high RPD. The duplicate pair was collected approximately a week apart; which may of lead to the high RPD.

X-Quantitation Verification

The accuracy of analytical results is verified through the calculation of several parameters. The percent difference (%D) between the calculated and the reported values should be within 10%. Any sample value >MDL and <MRL or <3*MDL (whichever is greater) was qualified as estimated, "J." The following calculations were performed for verification.

Sample: 54ASC06 3' (L10060021-01), Lead

$$\text{Conc. (mg/kg)} = \{(\text{conc. } \mu\text{g/L}) * (\text{Final Volume L}) * (\text{DF})\} / \{(\text{Weight Sample g}) * (\text{Fraction Solids})\}$$

$$\text{Conc. (mg/kg)} = \{(317.12 \mu\text{g/L}) * (0.050 \text{ L}) * (1)\} / \{(1.314 \text{ g}) * (0.9580)\} = 12.6 \mu\text{g/g} = 12.6 \text{ mg/kg}$$

Reported concentration = 12.6 mg/kg

%D = 0.0%

Values were within 10% difference.

Sample: 54ASC27 (L10060021-23), Lead

$$\text{Conc. (mg/kg)} = \{(\text{conc. } \mu\text{g/L}) * (\text{Final Volume L}) * (\text{DF})\} / \{(\text{Weight Sample g}) * (\text{Fraction Solids})\}$$

$$\text{Conc. (mg/kg)} = \{(1286.5 \mu\text{g/L}) * (0.050 \text{ L}) * (1)\} / \{(1.362 \text{ g}) * (0.8430)\} = 56.0 \mu\text{g/g} = 56.0 \text{ mg/kg}$$

Reported concentration = 56.1 mg/kg

%D = 0.2%

Values were within 10% difference.

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	Estimated: The analyte was positively identified; the quantitation is estimation.
B	Blank contamination: The analyte was detected above one-half the reporting limit in an associated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% D for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Inorganic Data Review* (April, 1993).

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-01	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC06 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 12:32
Collect Date: 05/25/2010 13:00	Dilution: 1	File ID: IR.060310.123219
Sample Tag: 01	Units: mg/kg	Percent Solid: 95.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	12.6	J	3.97	0.397



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-02
Client ID: 54ASC07 3'
Matrix: Soil
Workgroup Number: WG333323
Collect Date: 05/25/2010 13:05
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: JYH
Dilution: 1
Units: mg/kg

Instrument: IRIS-ICP
Prep Date: 06/01/2010 15:06
Cal Date: 06/03/2010 11:14
Run Date: 06/03/2010 13:08
File ID: IR.060310.130810
Percent Solid: 89.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	7.93	J	4.11	0.411

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-03	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC08 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 13:14
Collect Date: 05/25/2010 13:10	Dilution: 1	File ID: IR.060310.131409
Sample Tag: 01	Units: mg/kg	Percent Solid: 91.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	5.74	J	4.11	0.411



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-04
Client ID: 54ASC09 3'
Matrix: Soil
Workgroup Number: WG333323
Collect Date: 05/25/2010 13:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: JYH
Dilution: 1
Units: mg/kg

Instrument: IRIS-ICP
Prep Date: 06/01/2010 15:06
Cal Date: 06/03/2010 11:14
Run Date: 06/03/2010 13:20
File ID: IR.060310.132006
Percent Solid: 86.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	8.31	J	4.02	0.402



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-05	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC10 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 13:26
Collect Date: 05/25/2010 13:20	Dilution: 1	File ID: IR.060310.132604
Sample Tag: 01	Units: mg/kg	Percent Solid: 87.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	29.5	J	4.17	0.417



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-06	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC11 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 13:32
Collect Date: 05/25/2010 13:25	Dilution: 1	File ID: IR.060310.133201
Sample Tag: 01	Units: mg/kg	Percent Solid: 85.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	6.07	J	4.20	0.420



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-07	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC12 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 13:37
Collect Date: 05/25/2010 13:30	Dilution: 1	File ID: IR.060310.133759
Sample Tag: 01	Units: mg/kg	Percent Solid: 92.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	4.73	J	3.97	0.397



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-08	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC13 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 13:43
Collect Date: 05/25/2010 13:35	Dilution: 1	File ID: IR.060310.134356
Sample Tag: 01	Units: mg/kg	Percent Solid: 92.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	3.99	J	3.91	0.391

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-09	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC14 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 13:49
Collect Date: 05/25/2010 13:40	Dilution: 1	File ID: IR.060310.134954
Sample Tag: 01	Units: mg/kg	Percent Solid: 89.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	10.6	J	4.15	0.415



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-10	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC15 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 13:55
Collect Date: 05/25/2010 13:45	Dilution: 1	File ID: IR.060310.135551
Sample Tag: 01	Units: mg/kg	Percent Solid: 86.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	10.9	J	3.98	0.398



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-11	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC16 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 14:01
Collect Date: 05/25/2010 13:50	Dilution: 1	File ID: IR.060310.140149
Sample Tag: 01	Units: mg/kg	Percent Solid: 92.2

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	56.1	J	4.14	0.414



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-12	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC18 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 14:31
Collect Date: 05/25/2010 14:05	Dilution: 1	File ID: IR.060310.143112
Sample Tag: 01	Units: mg/kg	Percent Solid: 96.2

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	10.7	J	3.53	0.353



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-13	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC20 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 14:37
Collect Date: 05/25/2010 14:15	Dilution: 1	File ID: IR.060310.143716
Sample Tag: 01	Units: mg/kg	Percent Solid: 88.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	49.6	5	4.12	0.412



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-14	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC21 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 14:43
Collect Date: 05/25/2010 14:20	Dilution: 1	File ID: IR.060310.144314
Sample Tag: 01	Units: mg/kg	Percent Solid: 86.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	60.2	J	3.90	0.390



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-15	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC22 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 14:49
Collect Date: 05/25/2010 14:25	Dilution: 1	File ID: IR.060310.144912
Sample Tag: 01	Units: mg/kg	Percent Solid: 87.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	29.0	J	4.28	0.428



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-16
Client ID: 54ASC23 3'
Matrix: Soil
Workgroup Number: WG333323
Collect Date: 05/25/2010 14:30
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: JYH
Dilution: 1
Units: mg/kg

Instrument: IRIS-ICP
Prep Date: 06/01/2010 15:06
Cal Date: 06/03/2010 11:14
Run Date: 06/03/2010 14:55
File ID: IR.060310.145508
Percent Solid: 80.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	18.0	5	4.76	0.476



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-17	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC24 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 15:01
Collect Date: 05/25/2010 14:35	Dilution: 1	File ID: IR.060310.150106
Sample Tag: 01	Units: mg/kg	Percent Solid: 83.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	20.6	J	4.06	0.406



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-18	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC25 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 15:07
Collect Date: 05/25/2010 14:40	Dilution: 1	File ID: IR.060310.150702
Sample Tag: 01	Units: mg/kg	Percent Solid: 84.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	11.3	J	4.30	0.430



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-19
Client ID: 54ASC26 3'
Matrix: Soil
Workgroup Number: WG333323
Collect Date: 05/25/2010 14:45
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: JYH
Dilution: 1
Units: mg/kg

Instrument: IRIS-ICP
Prep Date: 06/01/2010 15:06
Cal Date: 06/03/2010 11:14
Run Date: 06/03/2010 15:12
File ID: IR.060310.151258
Percent Solid: 87.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	6.33	5	4.04	0.404

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-20	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ATM26 3'	Prep Method: 3051A	Prep Date: 06/01/2010 15:06
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333323	Analyst: JYH	Run Date: 06/03/2010 15:18
Collect Date: 05/25/2010 14:50	Dilution: 1	File ID: IR.060310.151856
Sample Tag: 01	Units: mg/kg	Percent Solid: 88.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	7.42	J	4.12	0.412



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-23	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC27	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 16:00
Collect Date: 05/25/2010 15:00	Dilution: 1	File ID: IR.060310.160044
Sample Tag: 01	Units: mg/kg	Percent Solid: 84.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	56.1		4.36	0.436



Report Number:L10060021

Report Date :June 25, 2010

Sample Number:L10060021-24	PrePrep Method:NONE	Instrument:IRIS-ICP
Client ID:54ASC28	Prep Method:3051A	Prep Date:06/02/2010 07:32
Matrix:Soil	Analytical Method:6010B	Cal Date:06/03/2010 11:14
Workgroup Number:WG333324	Analyst:JYH	Run Date:06/03/2010 16:24
Collect Date:05/25/2010 15:05	Dilution:1	File ID:IR.060310.162439
Sample Tag:01	Units:mg/kg	Percent Solid:90.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	16.6		3.80	0.380



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-25
Client ID: 54ASC31
Matrix: Soil
Workgroup Number: WG333324
Collect Date: 05/25/2010 15:20
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: JYH
Dilution: 1
Units: mg/kg

Instrument: IRIS-ICP
Prep Date: 06/02/2010 07:32
Cal Date: 06/03/2010 11:14
Run Date: 06/03/2010 16:30
File ID: IR.060310.163036
Percent Solid: 79.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	11.3		4.73	0.473



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-26
Client ID: 54ASC32
Matrix: Soil
Workgroup Number: WG333324
Collect Date: 05/25/2010 15:25
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: JYH
Dilution: 1
Units: mg/kg

Instrument: IRIS-ICP
Prep Date: 06/02/2010 07:32
Cal Date: 06/03/2010 11:14
Run Date: 06/03/2010 16:36
File ID: IR.060310.163634
Percent Solid: 91.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	8.50		3.77	0.377



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-27	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC33	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 16:54
Collect Date: 05/25/2010 15:30	Dilution: 1	File ID: IR.060310.165432
Sample Tag: 01	Units: mg/kg	Percent Solid: 87.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	6.11		3.90	0.390



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-28	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC34	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 17:00
Collect Date: 05/25/2010 15:35	Dilution: 1	File ID: IR.060310.170031
Sample Tag: 01	Units: mg/kg	Percent Solid: 84.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	27.0		4.43	0.443



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-29	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC35	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 17:06
Collect Date: 05/25/2010 15:40	Dilution: 1	File ID: IR.060310.170627
Sample Tag: 01	Units: mg/kg	Percent Solid: 83.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	12.4		4.34	0.434



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-30	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC36	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 17:12
Collect Date: 05/25/2010 15:45	Dilution: 1	File ID: IR.060310.171225
Sample Tag: 01	Units: mg/kg	Percent Solid: 85.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	10.4		4.30	0.430



Report Number:L10060021

Report Date :June 25, 2010

Sample Number:L10060021-31	PrePrep Method:NONE	Instrument:IRIS-ICP
Client ID:54ATM36	Prep Method:3051A	Prep Date:06/02/2010 07:32
Matrix:Soil	Analytical Method:6010B	Cal Date:06/03/2010 11:14
Workgroup Number:WG333324	Analyst:JYH	Run Date:06/03/2010 17:18
Collect Date:05/25/2010 15:50	Dilution:1	File ID:IR.060310.171823
Sample Tag:01	Units:mg/kg	Percent Solid:83.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	10.5		4.12	0.412



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-32	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC37	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 17:24
Collect Date: 05/25/2010 15:55	Dilution: 1	File ID: IR.060310.172423
Sample Tag: 01	Units: mg/kg	Percent Solid: 86.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	246		4.02	0.402



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-33
Client ID: 54ASC38
Matrix: Soil
Workgroup Number: WG333324
Collect Date: 05/25/2010 16:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: JYH
Dilution: 1
Units: mg/kg

Instrument: IRIS-ICP
Prep Date: 06/02/2010 07:32
Cal Date: 06/03/2010 11:14
Run Date: 06/03/2010 17:30
File ID: IR.060310.173021
Percent Solid: 85.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	28.9		3.89	0.389

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-34	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC39	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 17:36
Collect Date: 05/25/2010 16:05	Dilution: 1	File ID: IR.060310.173619
Sample Tag: 01	Units: mg/kg	Percent Solid: 91.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	91.1		4.00	0.400

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-35	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC40	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 17:42
Collect Date: 05/25/2010 16:10	Dilution: 1	File ID: IR.060310.174216
Sample Tag: 01	Units: mg/kg	Percent Solid: 90.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	10.3		3.89	0.389



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-36	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC41	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 17:48
Collect Date: 05/25/2010 16:15	Dilution: 1	File ID: IR.060310.174814
Sample Tag: 01	Units: mg/kg	Percent Solid: 88.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	99.8		4.30	0.430



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-37	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC42	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 18:06
Collect Date: 05/26/2010 08:00	Dilution: 1	File ID: IR.060310.180609
Sample Tag: 01	Units: mg/kg	Percent Solid: 90.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	5.99		3.90	0.390



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-38	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC43	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 18:12
Collect Date: 05/26/2010 08:05	Dilution: 1	File ID: IR.060310.181206
Sample Tag: 01	Units: mg/kg	Percent Solid: 87.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	6.50		4.33	0.433



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-39	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC45	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 18:18
Collect Date: 05/26/2010 08:15	Dilution: 1	File ID: IR.060310.181804
Sample Tag: 01	Units: mg/kg	Percent Solid: 88.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	5.33		3.87	0.387



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-40	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC46	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 18:24
Collect Date: 05/26/2010 08:20	Dilution: 1	File ID: IR.060310.182402
Sample Tag: 01	Units: mg/kg	Percent Solid: 75.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	15.0		4.83	0.483



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-43	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC47	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 18:41
Collect Date: 05/26/2010 08:35	Dilution: 1	File ID: IR.060310.184153
Sample Tag: 01	Units: mg/kg	Percent Solid: 87.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	17.0		4.19	0.419



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-44	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC48	Prep Method: 3051A	Prep Date: 06/02/2010 07:32
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333324	Analyst: JYH	Run Date: 06/03/2010 18:47
Collect Date: 05/26/2010 08:40	Dilution: 1	File ID: IR.060310.184750
Sample Tag: 01	Units: mg/kg	Percent Solid: 78.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	199		4.52	0.452



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-45	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC49	Prep Method: 3051A	Prep Date: 06/02/2010 08:10
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/02/2010 11:49
Workgroup Number: WG333227	Analyst: JYH	Run Date: 06/02/2010 18:13
Collect Date: 05/26/2010 08:45	Dilution: 2	File ID: IR.060210.181329
Sample Tag: DL01	Units: mg/kg	Percent Solid: 76.2

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	52.1		9.51	0.951

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-46	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC50	Prep Method: 3051A	Prep Date: 06/02/2010 08:10
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/02/2010 11:49
Workgroup Number: WG333227	Analyst: JYH	Run Date: 06/02/2010 18:31
Collect Date: 05/26/2010 08:50	Dilution: 2	File ID: IR.060210.183126
Sample Tag: DL01	Units: mg/kg	Percent Solid: 76.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	37.4		9.39	0.939



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-47	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC51	Prep Method: 3051A	Prep Date: 06/02/2010 08:10
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/02/2010 11:49
Workgroup Number: WG333227	Analyst: JYH	Run Date: 06/02/2010 18:37
Collect Date: 05/26/2010 08:55	Dilution: 2	File ID: IR.060210.183726
Sample Tag: DL01	Units: mg/kg	Percent Solid: 77.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	29.5		9.70	0.970



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-48	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC52	Prep Method: 3051A	Prep Date: 06/02/2010 08:10
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/02/2010 11:49
Workgroup Number: WG333227	Analyst: JYH	Run Date: 06/02/2010 18:43
Collect Date: 05/26/2010 09:00	Dilution: 2	File ID: IR.060210.184326
Sample Tag: DL01	Units: mg/kg	Percent Solid: 77.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	23.1		9.06	0.906



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-49	PrePrep Method: NONE	Instrument: IRIS-ICP
Client ID: 54ASC53	Prep Method: 3051A	Prep Date: 06/02/2010 08:10
Matrix: Soil	Analytical Method: 6010B	Cal Date: 06/03/2010 11:14
Workgroup Number: WG333227	Analyst: JYH	Run Date: 06/03/2010 11:56
Collect Date: 05/26/2010 09:05	Dilution: 1	File ID: IR.060310.115627
Sample Tag: 01	Units: mg/kg	Percent Solid: 73.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	5.10		4.75	0.475



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MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Dieldrin and Heptachlor Epoxide
Microbac Laboratories, Inc., SDG L10060021

DATE: August 26, 2010; Revised October 11, 2010

The purpose of this memorandum is to present the data validation report for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on May 25, 2010 and May 26, 2010. This report was revised to account for the duplicate pairs analyzed in SDG L10060021. Solid samples were analyzed for select pesticides dieldrin and heptachlor epoxide using USEPA Method 3550B/8081A. A total of eighty-four solid samples (includes thirty-nine re-analysis samples for pesticides) were validated. The sample ids are:

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ASC06 3'	L10060021-01	54ASC28	L10060021-24
54ASC06 3'	L10060021-01RE	54ASC28	L10060021-24RE
54ASC07 3'	L10060021-02	54ASC31	L10060021-25
54ASC07 3'	L10060021-02RE	54ASC31	L10060021-25RE
54ASC08 3'	L10060021-03	54ASC32	L10060021-26
54ASC08 3'	L10060021-03RE	54ASC32	L10060021-26RE
54ASC09 3'	L10060021-04	54ASC33	L10060021-27
54ASC09 3'	L10060021-04RE	54ASC33	L10060021-27RE
54ASC10 3'	L10060021-05	54ASC34	L10060021-28
54ASC10 3'	L10060021-05RE	54ASC34	L10060021-28RE
54ASC11 3'	L10060021-06	54ASC35	L10060021-29
54ASC11 3'	L10060021-06RE	54ASC35	L10060021-29RE
54ASC12 3'	L10060021-07	54ASC36	L10060021-30
54ASC12 3'	L10060021-07RE	54ASC36	L10060021-30RE
54ASC13 3'	L10060021-08	54ATM36	L10060021-31
54ASC13 3'	L10060021-08RE	54ATM36	L10060021-31RE
54ASC14 3'	L10060021-09	54ASC37	L10060021-32
54ASC14 3'	L10060021-09RE	54ASC37	L10060021-32RE
54ASC15 3'	L10060021-10	54ASC38	L10060021-33
54ASC15 3'	L10060021-10RE	54ASC38	L10060021-33RE
54ASC16 3'	L10060021-11	54ASC39	L10060021-34
54ASC16 3'	L10060021-11RE	54ASC40	L10060021-35
54ASC18 3'	L10060021-12	54ASC40	L10060021-35RE
54ASC18 3'	L10060021-12RE	54ASC41	L10060021-36
54ASC20 3'	L10060021-13	54ASC42	L10060021-37
54ASC20 3'	L10060021-13RE	54ASC42	L10060021-37RE
54ASC21 3'	L10060021-14	54ASC43	L10060021-38
54ASC21 3'	L10060021-14RE	54ASC43	L10060021-38RE

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ASC22 3'	L10060021-15	54ASC45	L10060021-39
54ASC22 3'	L10060021-15RE	54ASC45	L10060021-39RE
54ASC23 3'	L10060021-16	54ASC46	L10060021-40
54ASC23 3'	L10060021-16RE	54ASC46	L10060021-40RE
54ASC24 3'	L10060021-17	54ASC47	L10060021-43
54ASC24 3'	L10060021-17RE	54ASC47	L10060021-43RE
54ASC25 3'	L10060021-18	54ASC48	L10060021-44
54ASC25 3'	L10060021-18RE	54ASC48	L10060021-44RE
54ASC26 3'	L10060021-19	54ASC49	L10060021-45
54ASC26 3'	L10060021-19RE	54ASC49	L10060021-45RE
54ATM26 3'	L10060021-20	54ASC50	L10060021-46
54ATM26 3'	L10060021-20RE	54ASC51	L10060021-47
54ASC27	L10060021-23	54ASC52	L10060021-48
54ASC27	L10060021-23RE	54ASC53	L10060021-49

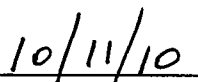
Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
X		Holding Times and Preservation
	X	Instrument Performance Check
	X	Initial Calibration
	X	Continuing Calibration
	X	Blank Analysis
X		System Monitoring Compounds
	X	Laboratory Control Sample and Laboratory Control Sample Duplicate
	X	Matrix Spike/Spike Duplicate
	X	Field Duplicate
	X	Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable with noted qualifications. For samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), 54ATM26 3' (L10060021-20), 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), 54ASC48 (L10060021-44), and 54ASC49 (L10060021-45), one or more of the pesticide surrogate(s) were outside criteria and the samples were re-analyzed "RE". See Section VI System Monitoring Compounds for further details regarding which should be used as best fit data with the other samples provided as extra QC. There were no impacts to the data completeness.


Eric Malarek, Chemist


Date

**RFAAP VALIDATION REPORT
SELECT PESTICIDE/PCB REVIEW
SDG L10060021**

I-Holding Times and Preservation

The objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample extraction and analysis. Holding time criteria: For solid samples, pesticide and PCB compounds are shipped cooled ($@4^{\circ}\text{C} \pm 2^{\circ}\text{C}$) with a maximum holding time of 14 days from sample collection to preparative extraction and 40 days from preparative extraction to determinative analysis (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 05/25/10 and 05/26/10, the coolers were received by the primary laboratory (Microbac) on 05/27/10 at 3.0°C , 1.0°C , 2.0°C , and 3.0°C . Even though the cooler temperature was below criteria for one of the coolers; there were no impacts for the sample analysis and no qualifiers were applied based upon this outlier.
- Holding Time Review: The solid samples were collected on 05/25/10 and 05/26/10. The samples analyzed for select pesticides were extracted on 06/02/10 and analyzed on 06/02/10, 06/03/10, and 06/04/10. The re-analysis "RE" samples analyzed for select pesticides were extracted on 06/08/10 and 06/16/10 and analyzed on 06/17/10, 06/18/10, and 06/19/10. Sample collection dates may be found on the attached form 1s. Sample 54ASC49 (L10060021-45RE) was re-extracted seven days outside holding times and was qualified "UJ" for all target pesticides based upon this outlier. All target pesticides were non-detect for this sample. For all other samples, all criteria were met.

II-Instrument Performance Check (Degradation Standard)

Performance checks on the gas chromatograph with electron capture detector (GC/ECD) system are performed to ensure adequate resolution and instrument sensitivity. The performance evaluation mixture (PEM) must be analyzed at the beginning of the analytical sequence. The breakdown of Endrin and 4,4'-DDT must be $\leq 15\%$ on both signals.

- For analysis performed on 06/02/10 @11:33, endrin and 4,4'-DDT percent breakdowns were 4.44% and 1.23%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/03/10 @06:26, endrin and 4,4'-DDT percent breakdowns were 3.68% and 2.29%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/03/10 @14:52, endrin and 4,4'-DDT percent breakdowns were 3.73% and 1.09%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/16/10 @20:44, endrin and 4,4'-DDT percent breakdowns were 0.00% and 3.48%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/17/10 @08:32, endrin and 4,4'-DDT percent breakdowns were 0.76% and 2.19%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/17/10 @13:26, endrin and 4,4'-DDT percent breakdowns were 5.00% and 7.00%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/18/10 @07:03, endrin and 4,4'-DDT percent breakdowns were 9.19% and 8.79%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/18/10 @14:50, endrin and 4,4'-DDT percent breakdowns were 1.16% and 2.24%. All criteria were met. No qualifiers were applied.

- For analysis performed on 06/19/10 @12:06, endrin and 4,4'-DDT percent breakdowns were 1.48% and 3.44%. All criteria were met. No qualifiers were applied.

III-Initial Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. The initial 5 point calibration demonstrates that the instrument is capable of acceptable performance in the beginning of the analytical run. Calibration factors are generated for each compound. The DoD QSM specifies that the percent relative standard deviation (%RSD) for all single peak target analytes must be <20% or the mean %RSD for all analytes in the standard must be ≤20%. If linear regression is used, the correlation coefficient must be ≥0.995.

- For the pesticide initial calibration performed on 05/28/10 on instrument HP15, all criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), 54ATM26 3' (L10060021-20), 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), and 54ASC48 (L10060021-44) were analyzed using this initial calibration.
- For the pesticide initial calibration performed on 06/16/10 on instrument HP15, all criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01RE), 54ASC07 3' (L10060021-02RE), 54ASC08 3' (L10060021-03RE), 54ASC09 3' (L10060021-04RE), 54ASC10 3' (L10060021-05RE), 54ASC11 3' (L10060021-06RE), 54ASC12 3' (L10060021-07RE), 54ASC13 3' (L10060021-08RE), 54ASC14 3' (L10060021-09RE), 54ASC15 3' (L10060021-10RE), 54ASC16 3' (L10060021-11RE), 54ASC18 3' (L10060021-12RE), 54ASC20 3' (L10060021-13RE), 54ASC21 3' (L10060021-14RE), 54ASC22 3' (L10060021-15RE), 54ASC23 3' (L10060021-16RE), 54ASC24 3' (L10060021-17RE), 54ASC25 3' (L10060021-18RE), 54ASC26 3' (L10060021-19RE), and 54ATM26 3' (L10060021-20RE) were analyzed using this initial calibration.
- For the pesticide initial calibration performed on 06/18/10 on instrument HP15, all criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23RE), 54ASC28 (L10060021-24RE), 54ASC31 (L10060021-25RE), 54ASC32 (L10060021-26RE), 54ASC33 (L10060021-27RE), 54ASC34 (L10060021-28RE), 54ASC35 (L10060021-29RE), 54ASC36 (L10060021-30RE), 54ATM36 (L10060021-31RE), 54ASC37 (L10060021-32RE), 54ASC38 (L10060021-33RE), 54ASC39 (L10060021-34RE), 54ASC40 (L10060021-35RE), 54ASC41 (L10060021-36RE), 54ASC42 (L10060021-37RE), 54ASC43 (L10060021-38RE), 54ASC45 (L10060021-39RE), 54ASC46 (L10060021-40RE), 54ASC47 (L10060021-43RE), 54ASC48 (L10060021-44RE), and 54ASC49 (L10060021-45RE) were analyzed using this initial calibration.

IV-Continuing Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for pesticide/PCB target compounds. Continuing calibration standards containing both target compounds and surrogates are analyzed at the beginning of each 12-hour analytical shift and after every 20 samples. The DoD QSM specifies that the percent difference (%D) or the average %Ds for all analytes in the standard from the initial calibration should be no greater than $\pm 20\%$.

- For pesticide initial calibration verification performed on 05/28/10 @16:59 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide initial calibration verification performed on 06/16/10 @15:31 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide initial calibration verification performed on 06/16/10 @16:00 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide initial calibration verification performed on 06/18/10 @20:59 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide continuing calibration performed on 06/02/10 @12:01 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), and 54ASC13 3' (L10060021-08) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/02/10 @20:02 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), and 54ASC25 3' (L10060021-18) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/03/10 @01:15 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC26 3' (L10060021-19), 54ATM26 3' (L10060021-20), 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), and 54ASC32 (L10060021-26) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/03/10 @06:55 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/03/10 @15:20 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), and 54ASC41 (L10060021-36) were analyzed using this continuing calibration.

- For pesticide continuing calibration performed on 06/03/10 @20:33 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), and 54ASC48 (L10060021-44) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/04/10 @00:49 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/04/10 @11:25 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC49 (L10060021-45), 54ASC50 (L10060021-46), 54ASC51 (L10060021-47), 54ASC52 (L10060021-48), and 54ASC53 (L10060021-49) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/04/10 @16:39 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/18/10 @01:24 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/18/10 @07:32 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/19/10 @02:40 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/19/10 @07:51 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/16/10 @21:12 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/17/10 @02:52 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01RE), 54ASC07 3' (L10060021-02RE), 54ASC08 3' (L10060021-03RE), 54ASC09 3' (L10060021-04RE), 54ASC10 3' (L10060021-05RE), 54ASC11 3' (L10060021-06RE), 54ASC12 3' (L10060021-07RE), 54ASC13 3' (L10060021-08RE), 54ASC14 3' (L10060021-09RE), and 54ASC15 3' (L10060021-10RE) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/17/10 @09:00 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/17/10 @13:55 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC16 3' (L10060021-11RE), 54ASC18 3' (L10060021-12RE), and 54ASC20 3' (L10060021-13RE) were analyzed using this continuing calibration.

- For pesticide continuing calibration performed on 06/17/10 @20:12 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC21 3' (L10060021-14RE), 54ASC22 3' (L10060021-15RE), 54ASC23 3' (L10060021-16RE), 54ASC24 3' (L10060021-17RE), 54ASC25 3' (L10060021-18RE), 54ASC26 3' (L10060021-19RE), and 54ATM26 3' (L10060021-20RE) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/18/10 @01:24 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC27 (L10060021-23RE), 54ASC28 (L10060021-24RE), 54ASC31 (L10060021-25RE), 54ASC32 (L10060021-26RE), 54ASC33 (L10060021-27RE), 54ASC34 (L10060021-28RE), 54ASC35 (L10060021-29RE), 54ASC36 (L10060021-30RE), 54ATM36 (L10060021-31RE), 54ASC37 (L10060021-32RE), 54ASC38 (L10060021-33RE), 54ASC39 (L10060021-34RE), 54ASC40 (L10060021-35RE), 54ASC41 (L10060021-36RE), 54ASC42 (L10060021-37RE), 54ASC43 (L10060021-38RE), 54ASC45 (L10060021-39RE), and 54ASC46 (L10060021-40RE) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/19/10 @02:40 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC47 (L10060021-43RE), 54ASC48 (L10060021-44RE), and 54ASC49 (L10060021-45RE) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/19/10 @07:51 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.

V-Blank Analysis

The purpose of laboratory or field blank analyses is to determine the existence and magnitude of contamination problems resulting from laboratory or field activities. One method blank per analytical batch must be run on each instrument used to analyze samples. The DoD QSM criterion specifies all concentrations should be less than one-half MRL. Positive sample results are reported and qualified "B", if the concentration of the compound in the sample is ≤ 5 times (5X) the maximum amount for pesticide and PCB target compounds. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 33) if needed.

Table 2 Blank Contamination Analysis Summary

Parameter	Analysis Date	QC Blank ID	Compound	Max Conc. $\mu\text{g/kg}$	Action Level $\mu\text{g/kg}$	B qualified samples (for this SDG)
Pesticides	06/02/10	WG333138-02	All target $< \frac{1}{2}$ MRL	NA	NA	None
Pesticides	06/03/10	WG333139-02	All target $< \frac{1}{2}$ MRL	NA	NA	None
Pesticides	06/04/10	WG333140-01	All target $< \frac{1}{2}$ MRL	NA	NA	None
Pesticides	06/17/10	WG333631-02	All target $< \frac{1}{2}$ MRL	NA	NA	None
Pesticides	06/18/10	WG333632-02	All target $< \frac{1}{2}$ MRL	NA	NA	None
Pesticides	06/19/10	WG334417-01	All target $< \frac{1}{2}$ MRL	NA	NA	None

NA = Not Applicable

MRL = Method Reporting Limit

VI-System Monitoring Compound (Surrogates)

Laboratory performance on individual samples is evaluated through the review of surrogate spike samples. Surrogate spikes are added to all samples and blanks to measure their recovery in sample and blank matrices. The percent recoveries (%Rs) must be within the specified control limits. DoD surrogate recovery limits are specified in Table G-3 of the DoD QSM (DoD, 2009). If the surrogate is not listed, then the laboratory criteria shall be used.

Pesticides Solid Criteria: Tetrachloro-m-xylene: 70-125% (DoD QSM 70-125%)

Decachlorobiphenyl: 55-130% (DoD QSM 55-130%)

- For pesticide run for sample 54ASC06 3' (L10060021-01), surrogate tetrachloro-m-xylene (62.4%) was below criteria. The sample 54ASC06 3' (L10060021-01RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (65.5%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC07 3' (L10060021-02), surrogate tetrachloro-m-xylene (65.1%) was below criteria. The sample 54ASC07 3' (L10060021-02RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (72.6%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC08 3' (L10060021-03), surrogate tetrachloro-m-xylene (49.8%) was below criteria. The sample 54ASC08 3' (L10060021-03RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (65.6%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC09 3' (L10060021-04), surrogate tetrachloro-m-xylene (52.0%) and decachlorobiphenyl (54.2%) were outside criteria. The sample 54ASC09 3' (L10060021-04RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (64.7%) was outside criteria and surrogate decachlorobiphenyl was within criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. Since only one surrogate was outside criteria for the re-analysis sample; no qualifiers were applied for the re-analysis sample based upon this outlier. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC10 3' (L10060021-05), surrogate tetrachloro-m-xylene (52.3%) was below criteria. The sample 54ASC10 3' (L10060021-05RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (62.8%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC11 3' (L10060021-06), surrogate tetrachloro-m-xylene (48.8%) was below criteria. The sample 54ASC11 3' (L10060021-06RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (64.6%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC12 3' (L10060021-07), surrogate tetrachloro-m-xylene (60.7%) was below criteria. The sample 54ASC12 3' (L10060021-07RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (59.9%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.

- For pesticide run for sample 54ASC13 3' (L10060021-08), surrogate tetrachloro-m-xylene (65.7%) was below criteria. The sample 54ASC13 3' (L10060021-08RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (64.1%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC14 3' (L10060021-09), surrogate tetrachloro-m-xylene (58.0%) was below criteria. The sample 54ASC14 3' (L10060021-09RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (66.2%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC15 3' (L10060021-10), surrogate tetrachloro-m-xylene (64.9%) was below criteria. The sample 54ASC15 3' (L10060021-10RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (73.1%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC16 3' (L10060021-11), surrogate tetrachloro-m-xylene (54.6%) was below criteria. The sample 54ASC16 3' (L10060021-11RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (68.1%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC18 3' (L10060021-12), surrogate tetrachloro-m-xylene (53.4%) and decachlorobiphenyl (53.2%) were outside criteria. The sample 54ASC18 3' (L10060021-12RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (68.4%) was outside criteria and surrogate decachlorobiphenyl was within criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. Since only one surrogate was outside criteria for the re-analysis sample; no qualifiers were applied for the re-analysis sample based upon this outlier. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC20 3' (L10060021-13), surrogate tetrachloro-m-xylene (54.9%) and decachlorobiphenyl (51.0%) were outside criteria. The sample 54ASC20 3' (L10060021-13RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (63.3%) was outside criteria and surrogate decachlorobiphenyl was within criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. Since only one surrogate was outside criteria for the re-analysis sample; no qualifiers were applied for the re-analysis sample based upon this outlier. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC21 3' (L10060021-14), surrogate tetrachloro-m-xylene (50.2%) and decachlorobiphenyl (49.9%) were outside criteria. The sample 54ASC21 3' (L10060021-14RE) was re-extracted and re-analyzed and surrogates tetrachloro-m-xylene (72.6%) and decachlorobiphenyl (94.4%) were within criteria limits. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. All criteria were met for the re-analysis sample; therefore, no qualifiers were applied for the re-analysis sample. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC22 3' (L10060021-15), surrogate tetrachloro-m-xylene (55.5%) was below criteria. The sample 54ASC22 3' (L10060021-15RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (70.4%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.

- For pesticide run for sample 54ASC23 3' (L10060021-16), surrogate tetrachloro-m-xylene (53.5%) was below criteria. The sample 54ASC23 3' (L10060021-16RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (76.2%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC24 3' (L10060021-17), surrogate tetrachloro-m-xylene (56.4%) and decachlorobiphenyl (50.1%) were outside criteria. The sample 54ASC24 3' (L10060021-17RE) was re-extracted and re-analyzed and surrogates tetrachloro-m-xylene (72.9%) and decachlorobiphenyl (90.9%) were within criteria limits. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. All criteria were met for the re-analysis sample; therefore, no qualifiers were applied for the re-analysis sample. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC25 3' (L10060021-18), surrogate tetrachloro-m-xylene (55.0%) and decachlorobiphenyl (51.2%) were outside criteria. The sample 54ASC25 3' (L10060021-18RE) was re-extracted and re-analyzed and surrogates tetrachloro-m-xylene (74.5%) and decachlorobiphenyl (97.7%) were within criteria limits. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. All criteria were met for the re-analysis sample; therefore, no qualifiers were applied for the re-analysis sample. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC26 3' (L10060021-19), surrogate tetrachloro-m-xylene (55.4%) was below criteria. The sample 54ASC26 3' (L10060021-19RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (69.7%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ATM26 3' (L10060021-20), surrogate tetrachloro-m-xylene (54.2%) was below criteria. The sample 54ATM26 3' (L10060021-20RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (73.5%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC27 (L10060021-23), surrogate decachlorobiphenyl (47.3%) was below criteria. All criteria were met for surrogate tetrachloro-m-xylene. The sample 54ASC23 3' (L10060021-16RE) was re-extracted and re-analyzed and surrogate decachlorobiphenyl (61.0%) was within criteria limits and surrogate tetrachloro-m-xylene (55.3%) was outside criteria. Since only one surrogate was outside criteria for either the original analysis and/or re-analysis; no qualifiers were applied based upon these outliers.
- For pesticide run for sample 54ASC28 (L10060021-24), surrogate tetrachloro-m-xylene (60.7%) and decachlorobiphenyl (53.1%) were outside criteria. The sample 54ASC28 (L10060021-24RE) was re-extracted and re-analyzed and surrogates tetrachloro-m-xylene (71.2%) and decachlorobiphenyl (102%) were within criteria limits. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. All criteria were met for the re-analysis sample; therefore, no qualifiers were applied for the re-analysis sample. The re-analysis sample should be used for data usability reasons.

- For pesticide run for sample 54ASC31 (L10060021-25), surrogate tetrachloro-m-xylene (63.2%) and decachlorobiphenyl (52.9%) were outside criteria. The sample 54ASC31 (L10060021-25RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (67.7%) was outside criteria and surrogate decachlorobiphenyl was within criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. Since only one surrogate was outside criteria for the re-analysis sample; no qualifiers were applied for the re-analysis sample based upon this outlier. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC32 (L10060021-26), surrogate tetrachloro-m-xylene (59.8%) was below criteria. The sample 54ASC32 (L10060021-26RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (67.3%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC33 (L10060021-27), surrogate tetrachloro-m-xylene (63.9%) was below criteria. The sample 54ASC33 (L10060021-27RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (58.5%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC34 (L10060021-28), surrogate tetrachloro-m-xylene (64.0%) and decachlorobiphenyl (49.6%) were outside criteria. The sample 54ASC34 (L10060021-28RE) was re-extracted and re-analyzed and surrogates tetrachloro-m-xylene (76.3%) and decachlorobiphenyl (78.3%) were within criteria limits. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. All criteria were met for the re-analysis sample; therefore, no qualifiers were applied for the re-analysis sample. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC35 (L10060021-29), surrogate tetrachloro-m-xylene (63.8%) and decachlorobiphenyl (50.9%) were outside criteria. The sample 54ASC35 (L10060021-29RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (59.6%) was outside criteria and surrogate decachlorobiphenyl was within criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. Since only one surrogate was outside criteria for the re-analysis sample; no qualifiers were applied for the re-analysis sample based upon this outlier. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC36 (L10060021-30), surrogate tetrachloro-m-xylene (62.5%) was below criteria. The sample 54ASC36 (L10060021-30RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (70.4%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ATM36 (L10060021-31), surrogate tetrachloro-m-xylene (57.5%) and decachlorobiphenyl (50.9%) were outside criteria. The sample 54ATM36 (L10060021-31RE) was re-extracted and re-analyzed and surrogates tetrachloro-m-xylene (71.7%) and decachlorobiphenyl (66.8%) were within criteria limits. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. All criteria were met for the re-analysis sample; therefore, no qualifiers were applied for the re-analysis sample. The re-analysis sample should be used for data usability reasons.

- For pesticide run for sample 54ASC37 (L10060021-32), surrogate tetrachloro-m-xylene (68.4%) was below criteria. The sample 54ASC37 (L10060021-32RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (71.9%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC38 (L10060021-33), surrogate tetrachloro-m-xylene (58.7%) and decachlorobiphenyl (46.0%) were outside criteria. The sample 54ASC38 (L10060021-33RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (67.5%) was outside criteria and surrogate decachlorobiphenyl was within criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. Since only one surrogate was outside criteria for the re-analysis sample; no qualifiers were applied for the re-analysis sample based upon this outlier. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC40 (L10060021-35), surrogate tetrachloro-m-xylene (59.8%) was below criteria. The sample 54ASC40 (L10060021-35RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (80.7%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC42 (L10060021-37), surrogate tetrachloro-m-xylene (63.2%) was below criteria. The sample 54ASC42 (L10060021-37RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (63.6%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC43 (L10060021-38), surrogate tetrachloro-m-xylene (69.8%) was below criteria. The sample 54ASC43 (L10060021-38RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (70.7%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC45 (L10060021-39), surrogate tetrachloro-m-xylene (59.5%) was below criteria. The sample 54ASC45 (L10060021-39RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (70.6%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For pesticide run for sample 54ASC46 (L10060021-40), surrogate tetrachloro-m-xylene (51.7%) and decachlorobiphenyl (49.1%) were outside criteria. The sample 54ASC46 (L10060021-40RE) was re-extracted and re-analyzed and surrogates tetrachloro-m-xylene (70.9%) and decachlorobiphenyl (69.2%) were within criteria limits. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. All criteria were met for the re-analysis sample; therefore, no qualifiers were applied for the re-analysis sample. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC47 (L10060021-43), surrogate tetrachloro-m-xylene (56.7%) and decachlorobiphenyl (47.6%) were outside criteria. The sample 54ASC47 (L10060021-43RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (65.0%) was outside criteria and surrogate decachlorobiphenyl was within criteria. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. Since only one surrogate was outside criteria for the re-analysis sample; no qualifiers were applied for the re-analysis sample based upon this outlier. The re-analysis sample should be used for data usability reasons.

- For pesticide run for sample 54ASC48 (L10060021-44), surrogate tetrachloro-m-xylene (157%) and decachlorobiphenyl (44.6%) were outside criteria. The sample 54ASC48 (L10060021-44RE) was re-extracted and re-analyzed and surrogates tetrachloro-m-xylene (90.8%) and decachlorobiphenyl (60.4%) were within criteria limits. All target pesticides were non-detect and were qualified estimated "UJ" based upon these outliers for the original analysis. All criteria were met for the re-analysis sample; therefore, no qualifiers were applied for the re-analysis sample. The re-analysis sample should be used for data usability reasons.
- For pesticide run for sample 54ASC49 (L10060021-45), surrogate decachlorobiphenyl (51.9%) was below criteria. The sample 54ASC49 (L10060021-45RE) was re-extracted and re-analyzed and surrogate decachlorobiphenyl (82.2%) was within criteria limits. All criteria were met for surrogate tetrachloro-m-xylene for both samples. Since only one surrogate was outside criteria for the original analysis; no qualifiers were applied based upon this outlier.
- For all other pesticide samples, all criteria were met.

VII-Laboratory Control Sample and Laboratory Control Sample Duplicate

Laboratory control samples (LCS) are used to monitor laboratory accuracy by calculating the percent recoveries of the spiked compounds. All LCS percent recoveries must be within the specified control limits. DoD QSM solid LCS recovery limits are specified in Table G-15 and Table G-17 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for pesticides is $\leq 30\%$ RPD.

- Sample WG333138-03 was used as the solid LCS for the pesticide analysis on 06/02/10. All criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), and 54ATM26 3' (L10060021-20) apply to this LCS.
- Sample WG333139-03 was used as the solid LCS for the pesticide analysis on 06/03/10. All criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), and 54ASC48 (L10060021-44) apply to this LCS.
- Sample WG333140-02 and WG333140-03 were used as the solid LCS/LCSD for the pesticide analysis on 06/04/10. All criteria were met. No qualifiers were applied. Samples 54ASC49 (L10060021-45), 54ASC50 (L10060021-46), 54ASC51 (L10060021-47), 54ASC52 (L10060021-48), and 54ASC53 (L10060021-49) apply to this LCS/LCSD.

- Sample WG333631-03 was used as the solid LCS for the pesticide analysis on 06/17/10. All criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01RE), 54ASC07 3' (L10060021-02RE), 54ASC08 3' (L10060021-03RE), 54ASC09 3' (L10060021-04RE), 54ASC10 3' (L10060021-05RE), 54ASC11 3' (L10060021-06RE), 54ASC12 3' (L10060021-07RE), 54ASC13 3' (L10060021-08RE), 54ASC14 3' (L10060021-09RE), 54ASC15 3' (L10060021-10RE), 54ASC16 3' (L10060021-11RE), 54ASC18 3' (L10060021-12RE), 54ASC20 3' (L10060021-13RE), 54ASC21 3' (L10060021-14RE), 54ASC22 3' (L10060021-15RE), 54ASC23 3' (L10060021-16RE), 54ASC24 3' (L10060021-17RE), 54ASC25 3' (L10060021-18RE), 54ASC26 3' (L10060021-19RE), and 54ATM26 3' (L10060021-20RE) apply to this LCS.
- Sample WG333632-03 was used as the solid LCS for the pesticide analysis on 06/18/10. All criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23RE), 54ASC28 (L10060021-24RE), 54ASC31 (L10060021-25RE), 54ASC32 (L10060021-26RE), 54ASC33 (L10060021-27RE), 54ASC34 (L10060021-28RE), 54ASC35 (L10060021-29RE), 54ASC36 (L10060021-30RE), 54ATM36 (L10060021-31RE), 54ASC37 (L10060021-32RE), 54ASC38 (L10060021-33RE), 54ASC39 (L10060021-34RE), 54ASC40 (L10060021-35RE), 54ASC41 (L10060021-36RE), 54ASC42 (L10060021-37RE), 54ASC43 (L10060021-38RE), 54ASC45 (L10060021-39RE), 54ASC46 (L10060021-40RE), 54ASC47 (L10060021-43RE), and 54ASC48 (L10060021-44RE) apply to this LCS.
- Samples WG334417-02 and WG334417-03 were used as the solid LCS/LCSD for the pesticide analysis on 06/19/10. All criteria were met. No qualifiers were applied. Sample 54ASC49 (L10060021-45RE) applies to this LCS/LCSD.

VIII-Matrix Spike/Matrix Spike Duplicate

Data for matrix spike/matrix spike duplicates (MS/MSD) are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. The percent recoveries (%Rs) and the relative percent difference (RPD) must be within the specified control limits. DoD solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-15 and Table G-17 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for pesticides is $\leq 30\%$ RPD.

- Sample 54ASC26 3' (L10060021-19) was used as the solid MS/MSD for the pesticide analysis on 06/02/10. All criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), and 54ATM26 3' (L10060021-20) apply to this MS/MSD.
- Sample 54ASC46 (L10060021-40) was used as the solid MS/MSD for the pesticide analysis on 06/03/10. All criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), and 54ASC48 (L10060021-44) apply to this MS/MSD.

- Sample 54ASC26 3' (L10060021-19RE) was used as the solid MS/MSD for the pesticide analysis on 06/17/10. All criteria were met. No qualifiers were applied. Samples 54ASC06 3' (L10060021-01RE), 54ASC07 3' (L10060021-02RE), 54ASC08 3' (L10060021-03RE), 54ASC09 3' (L10060021-04RE), 54ASC10 3' (L10060021-05RE), 54ASC11 3' (L10060021-06RE), 54ASC12 3' (L10060021-07RE), 54ASC13 3' (L10060021-08RE), 54ASC14 3' (L10060021-09RE), 54ASC15 3' (L10060021-10RE), 54ASC16 3' (L10060021-11RE), 54ASC18 3' (L10060021-12RE), 54ASC20 3' (L10060021-13RE), 54ASC21 3' (L10060021-14RE), 54ASC22 3' (L10060021-15RE), 54ASC23 3' (L10060021-16RE), 54ASC24 3' (L10060021-17RE), 54ASC25 3' (L10060021-18RE), 54ASC26 3' (L10060021-19RE), and 54ATM26 3' (L10060021-20RE) apply to this MS/MSD.
- Sample 54ASC46 (L10060021-40RE) was used as the solid MS/MSD for the pesticide analysis on 06/18-19/10. All criteria were met. No qualifiers were applied. Samples 54ASC27 (L10060021-23RE), 54ASC28 (L10060021-24RE), 54ASC31 (L10060021-25RE), 54ASC32 (L10060021-26RE), 54ASC33 (L10060021-27RE), 54ASC34 (L10060021-28RE), 54ASC35 (L10060021-29RE), 54ASC36 (L10060021-30RE), 54ATM36 (L10060021-31RE), 54ASC37 (L10060021-32RE), 54ASC38 (L10060021-33RE), 54ASC39 (L10060021-34RE), 54ASC40 (L10060021-35RE), 54ASC41 (L10060021-36RE), 54ASC42 (L10060021-37RE), 54ASC43 (L10060021-38RE), 54ASC45 (L10060021-39RE), 54ASC46 (L10060021-40RE), 54ASC47 (L10060021-43RE), 54ASC48 (L10060021-44RE), and 54ASC49 (L10060021-45RE) apply to this MS/MSD.

IX-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 50% RPD for the solid samples.

- Field soil sample duplicate pair 54ASC26 3' (L10060021-19) and 54ATM26 3' (L10060021-20) was collected for select pesticides. All target pesticides were non-detect for the duplicate pair for both the original and re-analysis "RE" samples. All criteria were met. No qualifiers were applied.
- Field soil sample duplicate pair 54ASC36 (L10060021-30) and 54ATM36 (L10060021-31) was collected for select pesticides. All target pesticides were non-detect for the duplicate pair for both the original and re-analysis "RE" samples. All criteria were met. No qualifiers were applied.
- Field soil sample duplicate pair 54ASC16 3' (L10060021-11) and 54ATM16 (L10060090-01) was collected for select pesticides. All target pesticides were non-detect for the original and duplicate pair samples (for both the original and re-analysis "RE" samples). All criteria were met. No qualifiers were applied. The duplicate pair was collected approximately a week apart.
- Field soil sample duplicate pair 54ASC46 (L10060021-40) and 54ATM46 (L10060090-07) was collected for select pesticides. All target pesticides were non-detect for the original and duplicate pair samples (for both the original and re-analysis "RE" samples). All criteria were met. No qualifiers were applied. The duplicate pair was collected approximately a week apart.

X-Quantitation Verification

The accuracy of analytical results was verified through the calculation of several parameters. The difference between the calculated value and the reported value must be within 10% difference. All positive values must have less than or equal to 40% %RPD between the primary and secondary columns. Any sample value >MDL and <MRL or <3*MDL (whichever is greater) was qualified as estimated, "J."

- For samples 54ASC06 3' (L10060021-01), 54ASC07 3' (L10060021-02), 54ASC08 3' (L10060021-03), 54ASC09 3' (L10060021-04), 54ASC10 3' (L10060021-05), 54ASC11 3' (L10060021-06), 54ASC12 3' (L10060021-07), 54ASC13 3' (L10060021-08), 54ASC14 3' (L10060021-09), 54ASC15 3' (L10060021-10), 54ASC16 3' (L10060021-11), 54ASC18 3' (L10060021-12), 54ASC20 3' (L10060021-13), 54ASC21 3' (L10060021-14), 54ASC22 3' (L10060021-15), 54ASC23 3' (L10060021-16), 54ASC24 3' (L10060021-17), 54ASC25 3' (L10060021-18), 54ASC26 3' (L10060021-19), 54ATM26 3' (L10060021-20), 54ASC27 (L10060021-23), 54ASC28 (L10060021-24), 54ASC31 (L10060021-25), 54ASC32 (L10060021-26), 54ASC33 (L10060021-27), 54ASC34 (L10060021-28), 54ASC35 (L10060021-29), 54ASC36 (L10060021-30), 54ATM36 (L10060021-31), 54ASC37 (L10060021-32), 54ASC38 (L10060021-33), 54ASC39 (L10060021-34), 54ASC40 (L10060021-35), 54ASC41 (L10060021-36), 54ASC42 (L10060021-37), 54ASC43 (L10060021-38), 54ASC45 (L10060021-39), 54ASC46 (L10060021-40), 54ASC47 (L10060021-43), 54ASC48 (L10060021-44), and 54ASC49 (L10060021-45), one or more of the pesticide surrogate(s) were outside criteria and the samples were re-analyzed "RE". See Section VI System Monitoring Compounds for further details regarding which should be used as best fit data with the other samples provided as extra QC. There were no impacts to the data completeness.
- All chlorinated pesticides were non-detect. No confirmations were required.

Sample: 54ASC26 3'-MS (L10060021-19MS), Dieldrin

$$\text{Conc. } \mu\text{g/kg} = (\text{Ax} * \text{Vt} * \text{DF}) / (\text{CF} * \text{Vi} * \text{Ws} * \text{D})$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$
Ax = Area/response for compound being measured.
Vt = Volume of total extract in (μL)
CF = Ave calibration response factor for compound being measured from ICAL (Area/pg)
Vi = Volume of extract injected (mL).
W(s) = Weight of sample extracted or diluted in grams.
D = Percent dry weight (100 - % moisture in sample)/100 = 1.0 for Wet Weight
DF = Dilution factor

$$\begin{aligned}\text{Conc. } \mu\text{g/kg} &= (5415300000\text{Area} * 10000\mu\text{L} * 1) / (1169000000\text{Area/pg} * (1000\text{pg/ng}) * 1\mu\text{L} * 28.15\text{g} * 0.870) \\ &= 18.9 \mu\text{g/kg} \text{ (Signal \#1)}\end{aligned}$$

Reported Value = 18.9 $\mu\text{g/kg}$ (Signal #1)

% Difference = 0.0%

Values were within 10% difference

Sample: 54ASC46-MS (L10060021-40MS), Dieldrin

$$\text{Conc. } \mu\text{g/kg} = (\text{Ax} * \text{Vt} * \text{DF}) / (\text{CF} * \text{Vi} * \text{Ws} * \text{D})$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$
Ax = Area/response for compound being measured.
Vt = Volume of total extract in (μL)
CF = Ave calibration response factor for compound being measured from ICAL (Area/pg)
Vi = Volume of extract injected (mL).
W(s) = Weight of sample extracted or diluted in grams.
D = Percent dry weight $(100 - \% \text{ moisture in sample})/100 = 1.0$ for Wet Weight
DF = Dilution factor

$$\begin{aligned} \text{Conc. } \mu\text{g/kg} &= (4895600000 \text{Area} * 10000 \mu\text{L} * 1) / (1169000000 \text{Area/pg} * (1000 \text{pg/ng}) * 1 \mu\text{L} * 28.86 \text{g} * 0.756) \\ &= 19.2 \mu\text{g/kg} \text{ (Signal \#1)} \end{aligned}$$

Reported Value = 19.2 $\mu\text{g/kg}$ (Signal #1)

% Difference = 0.0%

Values were within 10% difference

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	The reported result is an estimated value (e.g., matrix interference was observed or the analyte was detected at a concentration outside the quantitation range).
B	Blank contamination. The recorded result is associated with a contaminated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% RPD for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994).

Report Number: L10060021

Report Date : June 25, 2010

Form 1 Copy

Sample Number: L10060021-01
Client ID: 54ASC06 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:00
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 03:49
File ID: 15G22271.F
Percent Solid: 95.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.04	0.407
Dieldrin	60-57-1		UJ	4.07	0.407
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	65.5	70	125	*	
Decachlorobiphenyl	80.4	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Form 1 Copy

Sample Number: L10060021-01
Client ID: 54ASC06 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 13:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 16:14
File ID: 15G21941.F
Percent Solid: 95.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.91	0.382
Dieldrin	60-57-1		UJ	3.82	0.382
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	62.4	70	125	*	
Decachlorobiphenyl	66.2	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Form I Copy

Sample Number: L10060021-02
Client ID: 54ASC07 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:05
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 04:17
File ID: 15G22272.F
Percent Solid: 89.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.79	0.358
Dieldrin	60-57-1		U	3.58	0.358
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	72.6	70	125		
Decachlorobiphenyl	82.6	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Data Copy

Sample Number: L10060021-02
Client ID: 54ASC07 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 13:05
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 16:43
File ID: 15G21942.F
Percent Solid: 89.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.81	0.362
Dieldrin	60-57-1		UJ	3.62	0.362
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	65.1	70	125	*	
Decachlorobiphenyl	62.0	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Form 1077

Sample Number: L10060021-03
Client ID: 54ASC08 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:10
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 04:45
File ID: 15G22273.F
Percent Solid: 91.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.77	0.354
Dieldrin	60-57-1		UJ	3.54	0.354
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	65.6	70	125	*	
Decachlorobiphenyl	80.7	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Remed Corp

Sample Number: L10060021-03
Client ID: 54ASC08 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 13:10
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 17:11
File ID: 15G21943.F
Percent Solid: 91.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.92	0.384
Dieldrin	60-57-1		UJ	3.84	0.384
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	49.8	70	125	*	
Decachlorobiphenyl	58.3	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Form I Copy

Sample Number: L10060021-04
Client ID: 54ASC09 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:15
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 05:14
File ID: 15G22274.F
Percent Solid: 86.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.86	0.372
Dieldrin	60-57-1		UJ	3.72	0.372
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	64.7	70	125	*	
Decachlorobiphenyl	73.7	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

10060021

Sample Number: L10060021-04
Client ID: 54ASC09 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 13:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 17:40
File ID: 15G21944.F
Percent Solid: 86.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.79	0.358
Dieldrin	60-57-1		UJ	3.58	0.358
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	52.0	70	125	*	
Decachlorobiphenyl	54.2	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

June 10, 2010

Sample Number: L10060021-05
Client ID: 54ASC10 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:20
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 05:42
File ID: 15G22275.F
Percent Solid: 87.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	3.10	0.621
Dieldrin	60-57-1		UJ	6.21	0.621
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	62.8	70	125	*	
Decachlorobiphenyl	78.3	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

June 3 2010

Sample Number: L10060021-05
 Client ID: 54ASC10 3'
 Matrix: Soil
 Workgroup Number: WG333240
 Collect Date: 05/25/2010 13:20
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: ECL
 Dilution: 1
 Units: ug/kg

Instrument: HP15
 Prep Date: 06/02/2010 08:12
 Cal Date: 05/28/2010 16:59
 Run Date: 06/02/2010 18:08
 File ID: 15G21945.F
 Percent Solid: 87.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.99	0.398
Dieldrin	60-57-1		UJ	3.98	0.398
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	52.3	70	125	*	
Decachlorobiphenyl	61.0	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Room 1007

Sample Number: L10060021-06
Client ID: 54ASC11 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 13:25
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 18:37
File ID: 15G21946.F
Percent Solid: 85.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.93	0.386
Dieldrin	60-57-1		UJ	3.86	0.386
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	48.8	70	125	*	
Decachlorobiphenyl	58.4	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Internal Copy

Sample Number: L10060021-06
Client ID: 54ASC11 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:25
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 06:10
File ID: 15G22276.F
Percent Solid: 85.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.91	0.382
Dieldrin	60-57-1		UJ	3.82	0.382
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	64.6	70	125	*	
Decachlorobiphenyl	77.1	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Permit No.

Sample Number: L10060021-07
Client ID: 54ASC12 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 13:30
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 19:05
File ID: 15G21947.F
Percent Solid: 92.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.78	0.356
Dieldrin	60-57-1		UJ	3.56	0.356
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	60.7	70	125	*	
Decachlorobiphenyl	72.1	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

10060021

Sample Number: L10060021-07
Client ID: 54ASC12 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:30
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 06:38
File ID: 15G22277.F
Percent Solid: 92.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.74	0.348
Dieldrin	60-57-1		UJ	3.48	0.348
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	59.9	70	125	*	
Decachlorobiphenyl	72.1	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Form 1000

Sample Number: L10060021-08
 Client ID: 54ASC13 3'
 Matrix: Soil
 Workgroup Number: WG333240
 Collect Date: 05/25/2010 13:35
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: ECL
 Dilution: 1
 Units: ug/kg

Instrument: HP15
 Prep Date: 06/02/2010 08:12
 Cal Date: 05/28/2010 16:59
 Run Date: 06/02/2010 19:33
 File ID: 15G21948.F
 Percent Solid: 92.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.78	0.357
Dieldrin	60-57-1		UJ	3.57	0.357
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	65.7	70	125	*	
Decachlorobiphenyl	76.3	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

New York

Sample Number: L10060021-08
 Client ID: 54ASC13 3'
 Matrix: Soil
 Workgroup Number: WG333962
 Collect Date: 05/25/2010 13:35
 Sample Tag: RE01

PrePrep Method: NONE
 Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: ECL
 Dilution: 1
 Units: ug/kg

Instrument: HP15
 Prep Date: 06/08/2010 08:00
 Cal Date: 06/16/2010 15:31
 Run Date: 06/17/2010 07:07
 File ID: 15G22278.F
 Percent Solid: 92.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.97	0.393
Dieldrin	60-57-1		UJ	3.93	0.393
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	64.1	70	125	*	
Decachlorobiphenyl	79.8	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

BAC-001

Sample Number: L10060021-09
Client ID: 54ASC14 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 13:40
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 20:30
File ID: 15G21950.F
Percent Solid: 89.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.90	0.380
Dieldrin	60-57-1		UJ	3.80	0.380
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	58.0	70	125	*	
Decachlorobiphenyl	66.3	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

R-1000

Sample Number: L10060021-09
Client ID: 54ASC14 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:40
Sample Tag: RB01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 07:35
File ID: 15G22279.F
Percent Solid: 89.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.80	0.360
Dieldrin	60-57-1		UJ	3.60	0.360
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	66.2	70	125	*	
Decachlorobiphenyl	76.7	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-10
Client ID: 54ASC15 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:45
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 08:03
File ID: 15G22280.F
Percent Solid: 86.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.84	0.368
Dieldrin	60-57-1		U	3.68	0.368
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	73.1	70	125		
Decachlorobiphenyl	80.1	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-10
Client ID: 54ASC15 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 13:45
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 20:59
File ID: 15G21951.F
Percent Solid: 86.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.78	0.355
Dieldrin	60-57-1		UJ	3.55	0.355
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	64.9	70	125	*	
Decachlorobiphenyl	67.4	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-11
Client ID: 54ASC16 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 13:50
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 18:47
File ID: 15G22294.R
Percent Solid: 92.2

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	3.04	0.609
Dieldrin	60-57-1		UJ	6.09	0.609
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	68.1	70	125	*	
Decachlorobiphenyl	81.5	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-11
Client ID: 54ASC16 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 13:50
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 21:27
File ID: 15G21952.F
Percent Solid: 92.2

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.80	0.360
Dieldrin	60-57-1		UJ	3.60	0.360
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	54.6	70	125	*	
Decachlorobiphenyl	57.4	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-12
Client ID: 54ASC18 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 14:05
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 21:56
File ID: 15G21953.F
Percent Solid: 96.2

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.71	0.343
Dieldrin	60-57-1		UJ	3.43	0.343
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	53.4	70	125	*	
Decachlorobiphenyl	53.2	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Microbac Laboratories Inc.
1100 11th Street
St. Louis, MO 63101

Sample Number: L10060021-12
Client ID: 54ASC18 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 14:05
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 19:15
File ID: 15G22295.R
Percent Solid: 96.2

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.67	0.334
Dieldrin	60-57-1		UJ	3.34	0.334
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	68.4	70	125	*	
Decachlorobiphenyl	81.5	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-13
Client ID: 54ASC20 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 14:15
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 19:44
File ID: 15G22296.R
Percent Solid: 88.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.83	0.366
Dieldrin	60-57-1		UJ	3.66	0.366
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	63.3	70	125	*	
Decachlorobiphenyl	79.4	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-13
Client ID: 54ASC20 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 14:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 22:24
File ID: 15G21954.F
Percent Solid: 88.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.84	0.369
Dieldrin	60-57-1		UJ	3.69	0.369
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	54.9	70	125	*	
Decachlorobiphenyl	51.0	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-14
Client ID: 54ASC21 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 14:20
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 21:09
File ID: 15G22299.R
Percent Solid: 86.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.88	0.376
Dieldrin	60-57-1		U	3.76	0.376
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	73.2	70	125		
Decachlorobiphenyl	94.4	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-14
Client ID: 54ASC21 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 14:20
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 22:52
File ID: 15G21955.F
Percent Solid: 86.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.78	0.355
Dieldrin	60-57-1		UJ	3.55	0.355
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	50.2	70	125	*	
Decachlorobiphenyl	49.9	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-15
Client ID: 54ASC22 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 14:25
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 23:21
File ID: 15G21956.F
Percent Solid: 87.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.88	0.375
Dieldrin	60-57-1		UJ	3.75	0.375
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	55.5	70	125	*	
Decachlorobiphenyl	57.4	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-15
Client ID: 54ASC22 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 14:25
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 21:37
File ID: 15G22300.R
Percent Solid: 87.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.84	0.368
Dieldrin	60-57-1		U	3.68	0.368
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	70.4	70	125		
Decachlorobiphenyl	89.4	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

2010-06-25

Sample Number: L10060021-16
Client ID: 54ASC23 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 14:30
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 22:06
File ID: 15G22301.R
Percent Solid: 80.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.99	0.399
Dieldrin	60-57-1		U	3.99	0.399
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	76.2	70	125		
Decachlorobiphenyl	91.2	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-16
Client ID: 54ASC23 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 14:30
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/02/2010 23:50
File ID: 15G21957.F
Percent Solid: 80.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.25	0.450
Dieldrin	60-57-1		UJ	4.50	0.450
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	53.5	70	125	*	
Decachlorobiphenyl	55.9	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-17
Client ID: 54ASC24 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 14:35
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 00:18
File ID: 15G21958.F
Percent Solid: 83.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.99	0.398
Dieldrin	60-57-1		UJ	3.98	0.398
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	56.4	70	125	*	
Decachlorobiphenyl	50.1	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-17
Client ID: 54ASC24 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 14:35
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 22:34
File ID: 15G22302.R
Percent Solid: 83.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.95	0.389
Dieldrin	60-57-1		U	3.89	0.389
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	72.9	70	125		
Decachlorobiphenyl	90.9	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-18
Client ID: 54ASC25 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 14:40
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 23:03
File ID: 15G22303.R
Percent Solid: 84.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.94	0.388
Dieldrin	60-57-1		U	3.88	0.388
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	74.5	70	125		
Decachlorobiphenyl	97.7	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-18
Client ID: 54ASC25 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 14:40
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 00:46
File ID: 15G21959.F
Percent Solid: 84.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.06	0.412
Dieldrin	60-57-1		UJ	4.12	0.412
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	55.0	70	125	*	
Decachlorobiphenyl	51.2	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-19
 Client ID: 54ASC26 3'
 Matrix: Soil
 Workgroup Number: WG333962
 Collect Date: 05/25/2010 14:45
 Sample Tag: RE01

PrePrep Method: NONE
 Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: ECL
 Dilution: 1
 Units: ug/kg

Instrument: HP15
 Prep Date: 06/08/2010 08:00
 Cal Date: 06/16/2010 15:31
 Run Date: 06/17/2010 23:59
 File ID: 15G22305.R
 Percent Solid: 87.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.87	0.374
Dieldrin	60-57-1		UJ	3.74	0.374
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	69.7	70	125	*	
Decachlorobiphenyl	101	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-19
Client ID: 54ASC25 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 14:45
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 02:11
File ID: 15G21962.F
Percent Solid: 87.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.80	0.360
Dieldrin	60-57-1		UJ	3.60	0.360
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	55.4	70	125	*	
Decachlorobiphenyl	65.1	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-20
Client ID: 54ATM26 3'
Matrix: Soil
Workgroup Number: WG333962
Collect Date: 05/25/2010 14:50
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:00
Cal Date: 06/16/2010 15:31
Run Date: 06/17/2010 23:31
File ID: 15G22304.R
Percent Solid: 88.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.84	0.369
Dieldrin	60-57-1		U	3.69	0.369
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	73.5	70	125		
Decachlorobiphenyl	100	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-20
Client ID: 54ATM26 3'
Matrix: Soil
Workgroup Number: WG333240
Collect Date: 05/25/2010 14:50
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:12
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 01:43
File ID: 15G21961.F
Percent Solid: 88.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.79	0.358
Dieldrin	60-57-1		UJ	3.58	0.358
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	54.2	70	125	*	
Decachlorobiphenyl	55.0	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-23
Client ID: 54ASC27
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 15:00
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/16/2010 15:31
Run Date: 06/18/2010 03:17
File ID: 15G22312.R
Percent Solid: 84.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.93	0.386
Dieldrin	60-57-1		UJ	3.86	0.386
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	55.3	70	125	*	
Decachlorobiphenyl	61.0	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

DRAFT

Sample Number: L10060021-23
Client ID: 54ASC27
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 04:33
File ID: 15G21967.F
Percent Solid: 84.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.93	0.385
Dieldrin	60-57-1		UJ	3.85	0.385
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	74.6	70	125		
Decachlorobiphenyl	47.3	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-24
Client ID: 54ASC28
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 15:05
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/16/2010 15:31
Run Date: 06/18/2010 03:46
File ID: 15G22313.R
Percent Solid: 90.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	9.57	1.91
Dieldrin	60-57-1		U	19.1	1.91
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	71.5	70	125		
Decachlorobiphenyl	102	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-24
Client ID: 54ASC28
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:05
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 05:01
File ID: 15G21968.F
Percent Solid: 90.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.83	0.366
Dieldrin	60-57-1		UJ	3.66	0.366
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	60.7	70	125	*	
Decachlorobiphenyl	53.1	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-25
Client ID: 54ASC31
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 15:20
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/16/2010 15:31
Run Date: 06/18/2010 04:14
File ID: 15G22314.R
Percent Solid: 79.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.06	0.411
Dieldrin	60-57-1		UJ	4.11	0.411
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	67.7	70	125	*	
Decachlorobiphenyl	79.2	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-25
Client ID: 54ASC31
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:20
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 05:30
File ID: 15G21969.F
Percent Solid: 79.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.15	0.429
Dieldrin	60-57-1		UJ	4.29	0.429
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	63.2	70	125	*	
Decachlorobiphenyl	52.9	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-26
Client ID: 54ASC32
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 15:25
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/16/2010 15:31
Run Date: 06/18/2010 04:42
File ID: 15G22315.R
Percent Solid: 91.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.77	0.355
Dieldrin	60-57-1		UJ	3.55	0.355
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	67.3	70	125	*	
Decachlorobiphenyl	93.2	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-26
Client ID: 54ASC32
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:25
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 05:58
File ID: 15G21970.F
Percent Solid: 91.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.76	0.352
Dieldrin	60-57-1		UJ	3.52	0.352
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	59.8	70	125	*	
Decachlorobiphenyl	65.6	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-27
Client ID: 54ASC33
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 15:30
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/16/2010 15:31
Run Date: 06/18/2010 05:10
File ID: 15G22316.R
Percent Solid: 87.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	3.52	0.703
Dieldrin	60-57-1		UJ	7.03	0.703
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	58.5	70	125	*	
Decachlorobiphenyl	82.0	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-27
Client ID: 54ASC33
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:30
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 15:49
File ID: 15G21994.F
Percent Solid: 87.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.85	0.369
Dieldrin	60-57-1		UJ	3.69	0.369
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	63.9	70	125	*	
Decachlorobiphenyl	66.7	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-28
Client ID: 54ASC34
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:35
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 16:17
File ID: 15G21995.F
Percent Solid: 84.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.01	0.402
Dieldrin	60-57-1		UJ	4.02	0.402
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	64.0	70	125	*	
Decachlorobiphenyl	49.6	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-28
Client ID: 54ASC34
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 15:35
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/16/2010 15:31
Run Date: 06/18/2010 05:39
File ID: 15G22317.R
Percent Solid: 84.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.94	0.388
Dieldrin	60-57-1		U	3.88	0.388
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	76.3	70	125		
Decachlorobiphenyl	78.3	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-29
Client ID: 54ASC35
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 15:40
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/16/2010 15:31
Run Date: 06/18/2010 06:07
File ID: 15G22318.R
Percent Solid: 83.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.96	0.392
Dieldrin	60-57-1		UJ	3.92	0.392
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	59.6	70	125	*	
Decachlorobiphenyl	67.0	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-29
Client ID: 54ASC35
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:40
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 16:46
File ID: 15G21996.F
Percent Solid: 83.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.99	0.399
Dieldrin	60-57-1		UJ	3.99	0.399
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	63.8	70	125	*	
Decachlorobiphenyl	50.9	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-30

Client ID: 54ASC36

Matrix: Soil

Workgroup Number: WG333790

Collect Date: 05/25/2010 15:45

Sample Tag: RE01

PrePrep Method: NONE

Prep Method: 3550B

Analytical Method: 8081A

Analyst: ECL

Dilution: 1

Units: ug/kg

Instrument: HP15

Prep Date: 06/08/2010 08:05

Cal Date: 06/16/2010 15:31

Run Date: 06/18/2010 06:35

File ID: 15G22319.R

Percent Solid: 85.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	2.46	0.492
Dieldrin	60-57-1		U	4.92	0.492
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	70.4	70	125		
Decachlorobiphenyl	87.3	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-30
Client ID: 54ASC36
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:45
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 17:14
File ID: 15G21997.F
Percent Solid: 85.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.99	0.399
Dieldrin	60-57-1		UJ	3.99	0.399
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	62.5	70	125	*	
Decachlorobiphenyl	59.8	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-31
Client ID: 54ATM36
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 15:50
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/18/2010 21:27
File ID: 15G22339.F
Percent Solid: 83.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.95	0.391
Dieldrin	60-57-1		U	3.91	0.391
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	71.7	70	125		
Decachlorobiphenyl	66.8	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-31
Client ID: 54ATM36
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:50
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 17:42
File ID: 15G21998.F
Percent Solid: 83.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.09	0.417
Dieldrin	60-57-1		UJ	4.17	0.417
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	57.5	70	125	*	
Decachlorobiphenyl	50.9	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-32
Client ID: 54ASC37
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 15:55
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 18:11
File ID: 15G21999.F
Percent Solid: 86.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.81	0.362
Dieldrin	60-57-1		UJ	3.62	0.362
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	68.4	70	125	*	
Decachlorobiphenyl	56.5	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-32
Client ID: 54ASC37
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 15:55
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/18/2010 21:56
File ID: 15G22340.F
Percent Solid: 86.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.86	0.372
Dieldrin	60-57-1		U	3.72	0.372
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	71.9	70	125		
Decachlorobiphenyl	66.6	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-33
Client ID: 54ASC38
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 16:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 18:39
File ID: 15G22000.F
Percent Solid: 85.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.74	0.349
Dieldrin	60-57-1		UJ	3.49	0.349
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	58.7	70	125	*	
Decachlorobiphenyl	46.0	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-33
Client ID: 54ASC38
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 16:00
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/18/2010 22:24
File ID: 15G22341.F
Percent Solid: 85.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.90	0.380
Dieldrin	60-57-1		UJ	3.80	0.380
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	67.5	70	125	*	
Decachlorobiphenyl	55.2	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-34
Client ID: 54ASC39
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 16:05
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 19:08
File ID: 15G22001.F
Percent Solid: 91.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.85	0.370
Dieldrin	60-57-1		U	3.70	0.370
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	78.5	70	125		
Decachlorobiphenyl	56.7	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-35
Client ID: 54ASC40
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/25/2010 16:10
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/18/2010 22:53
File ID: 15G22342.F
Percent Solid: 90.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.82	0.364
Dieldrin	60-57-1		U	3.64	0.364
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	80.7	70	125		
Decachlorobiphenyl	90.9	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-35
Client ID: 54ASC40
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 16:10
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 19:36
File ID: 15G22002.F
Percent Solid: 90.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.95	0.390
Dieldrin	60-57-1		UJ	3.90	0.390
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	59.8	70	125	*	
Decachlorobiphenyl	60.2	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-36
Client ID: 54ASC41
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/25/2010 16:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 20:05
File ID: 15G22003.F
Percent Solid: 88.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.85	0.370
Dieldrin	60-57-1		U	3.70	0.370
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	77.2	70	125		
Decachlorobiphenyl	58.2	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-37
Client ID: 54ASC42
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/26/2010 08:00
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/18/2010 23:21
File ID: 15G22343.F
Percent Solid: 90.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.81	0.361
Dieldrin	60-57-1		UJ	3.61	0.361
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	63.6	70	125	*	
Decachlorobiphenyl	75.1	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-37
Client ID: 54ASC42
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/26/2010 08:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 21:01
File ID: 15G22005.F
Percent Solid: 90.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.90	0.379
Dieldrin	60-57-1		UJ	3.79	0.379
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	63.2	70	125	*	
Decachlorobiphenyl	68.0	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

BETA

Sample Number: L10060021-38
 Client ID: 54ASC43
 Matrix: Soil
 Workgroup Number: WG333252
 Collect Date: 05/26/2010 08:05
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: ECL
 Dilution: 1
 Units: ug/kg

Instrument: HP15
 Prep Date: 06/02/2010 08:56
 Cal Date: 05/28/2010 16:59
 Run Date: 06/03/2010 21:30
 File ID: 15G22006.F
 Percent Solid: 87.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.83	0.366
Dieldrin	60-57-1		UJ	3.66	0.366
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	69.8	70	125	*	
Decachlorobiphenyl	68.5	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-38
Client ID: 54ASC43
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/26/2010 08:05
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/18/2010 23:49
File ID: 15G22344.F
Percent Solid: 87.0

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.88	0.376
Dieldrin	60-57-1		U	3.76	0.376
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	70.7	70	125		
Decachlorobiphenyl	74.7	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-39
Client ID: 54ASC45
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/26/2010 08:15
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 00:18
File ID: 15G22345.F
Percent Solid: 88.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	2.47	0.495
Dieldrin	60-57-1		U	4.95	0.495
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	70.6	70	125		
Decachlorobiphenyl	79.3	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-39
Client ID: 54ASC45
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/26/2010 08:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 21:58
File ID: 15G22007.F
Percent Solid: 88.5

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.93	0.387
Dieldrin	60-57-1		UJ	3.87	0.387
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	59.5	70	125	*	
Decachlorobiphenyl	64.6	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-40
Client ID: 54ASC46
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/26/2010 08:20
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 22:27
File ID: 15G22008.F
Percent Solid: 75.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.31	0.463
Dieldrin	60-57-1		UJ	4.63	0.463
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	51.7	70	125	*	
Decachlorobiphenyl	49.1	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-40
Client ID: 54ASC46
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/26/2010 08:20
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 00:47
File ID: 15G22346.F
Percent Solid: 75.6

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	2.12	0.424
Dieldrin	60-57-1		U	4.24	0.424
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	70.9	70	125		
Decachlorobiphenyl	69.2	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

10060021

Sample Number: L10060021-43
Client ID: 54ASC47
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/26/2010 08:35
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 03:08
File ID: 15G22351.F
Percent Solid: 87.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.87	0.374
Dieldrin	60-57-1		UJ	3.74	0.374
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	65.0	70	125	*	
Decachlorobiphenyl	70.8	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-43
Client ID: 54ASC47
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/26/2010 08:35
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/03/2010 23:52
File ID: 15G22011.F
Percent Solid: 87.9

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.95	0.391
Dieldrin	60-57-1		UJ	3.91	0.391
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	56.7	70	125	*	
Decachlorobiphenyl	47.6	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-44
Client ID: 54ASC48
Matrix: Soil
Workgroup Number: WG333252
Collect Date: 05/26/2010 08:40
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 08:56
Cal Date: 05/28/2010 16:59
Run Date: 06/04/2010 00:20
File ID: 15G22012.F
Percent Solid: 78.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.07	0.414
Dieldrin	60-57-1		UJ	4.14	0.414
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	157	70	125	*	
Decachlorobiphenyl	44.6	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-44
Client ID: 54ASC48
Matrix: Soil
Workgroup Number: WG333790
Collect Date: 05/26/2010 08:40
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/08/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 03:36
File ID: 15G22352.F
Percent Solid: 78.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	3.67	0.734
Dieldrin	60-57-1		U	7.34	0.734
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	90.8	70	125		
Decachlorobiphenyl	60.4	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-45
Client ID: 54ASC49
Matrix: Soil
Workgroup Number: WG334573
Collect Date: 05/26/2010 08:45
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/16/2010 08:05
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 05:58
File ID: 15G22357.F
Percent Solid: 76.2

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	2.50	0.501
Dieldrin	60-57-1		U	5.01	0.501
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	113	70	125		
Decachlorobiphenyl	82.2	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-45
Client ID: 54ASC49
Matrix: Soil
Workgroup Number: WG333262
Collect Date: 05/26/2010 08:45
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 09:57
Cal Date: 05/28/2010 16:59
Run Date: 06/04/2010 13:48
File ID: 15G22031.F
Percent Solid: 76.2

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.35	0.469
Dieldrin	60-57-1		UJ	4.69	0.469
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	98.3	70	125		
Decachlorobiphenyl	51.9	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-46
Client ID: 54ASC50
Matrix: Soil
Workgroup Number: WG333262
Collect Date: 05/26/2010 08:50
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 09:57
Cal Date: 05/28/2010 16:59
Run Date: 06/04/2010 14:17
File ID: 15G22032.F
Percent Solid: 76.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	2.18	0.437
Dieldrin	60-57-1		U	4.37	0.437
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	73.9	70	125		
Decachlorobiphenyl	70.3	55	130		

U Not detected at or above the LOQ.

Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-47
Client ID: 54ASC51
Matrix: Soil
Workgroup Number: WG333262
Collect Date: 05/26/2010 08:55
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 09:57
Cal Date: 05/28/2010 16:59
Run Date: 06/04/2010 14:45
File ID: 15G22033.F
Percent Solid: 77.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.96	0.392
Dieldrin	60-57-1		U	3.92	0.392
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	73.8	70	125		
Decachlorobiphenyl	82.2	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-48
Client ID: 54ASC52
Matrix: Soil
Workgroup Number: WG333262
Collect Date: 05/26/2010 09:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 09:57
Cal Date: 05/28/2010 16:59
Run Date: 06/04/2010 15:14
File ID: 15G22034.F
Percent Solid: 77.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	2.21	0.443
Dieldrin	60-57-1		U	4.43	0.443
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	78.6	70	125		
Decachlorobiphenyl	84.1	55	130		

U Not detected at or above the LOQ.



Report Number: L10060021

Report Date : June 25, 2010

Sample Number: L10060021-49
Client ID: 54ASC53
Matrix: Soil
Workgroup Number: WG333262
Collect Date: 05/26/2010 09:05
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/02/2010 09:57
Cal Date: 05/28/2010 16:59
Run Date: 06/04/2010 15:42
File ID: 15G22035.F
Percent Solid: 73.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	2.38	0.475
Dieldrin	60-57-1		U	4.75	0.475
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	72.3	70	125		
Decachlorobiphenyl	76.9	55	130		

U Not detected at or above the LOQ.





MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Explosives
Microbac Laboratories, Inc., SDG L10060090

DATE: October 11, 2010

The purpose of this memorandum is to present the data validation report for the samples collected for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on June 02, 2010. Solid samples were analyzed for explosives using USEPA SW-846 8330B. A total of ten solid samples (includes three re-analysis samples for explosives) were validated. The sample IDs are:

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ATM16	L10060090-01	54ASC19	L10060090-03
54ATM16	L10060090-01CF	54ASC29	L10060090-04
54ASC17	L10060090-02	54ASC30	L10060090-05
54ASC17	L10060090-02DL	54ASC44	L10060090-06
54ASC17	L10060090-02CF	54ATM46	L10060090-07

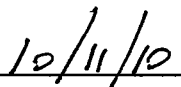
Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Blank Analysis
	X	Initial Calibration
	X	Continuing Calibration
	X	System Monitoring Compounds
X		Laboratory Control Sample and Laboratory Control Sample Duplicate
	X	Matrix Spike/Spike Duplicate
X		Field Duplicate
X		Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable with noted qualifications, except for the following. Target compound 2,4,6-trinitrotoluene exceeded calibration range and was qualified rejected "R" for sample 54ASC17 (L10060090-02) based on this outlier. The associated "DL" sample should be used for data usability. There were no impacts to the data completeness.


 Eric Malarek, Chemist


 Date

**RFAAP VALIDATION REPORT
EXPLOSIVES REVIEW
SDG L10060090**

I-Holding Times and Preservation

The objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample extraction and analysis. Holding time criteria: For solid samples, explosive compounds are shipped cooled (@4°C ± 2°C) with a maximum holding time of 14 days from sample collection to preparative extraction and 40 days from preparative extraction to determinative analysis (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 06/02/10, the cooler was received by the primary laboratory (Microbac) on 06/03/10 at 1.0°C. Even though the cooler temperature was below criteria; there were no impacts for the sample analysis and no qualifiers were applied based upon this outlier.
- Holding Time Review: The solid samples were collected on 06/02/10. The samples were extracted on 06/07/10 and were analyzed on 06/15/10, 06/16/10, and 06/20/10 for explosives. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Blank Analysis

The purpose of laboratory or field blank analyses is to determine the existence and magnitude of contamination problems resulting from laboratory or field activities. One method blank per analytical batch must be run on each instrument used to analyze samples. No contaminants should be present in the blanks. The DoD QSM criterion specifies all concentrations should be less than one-half MRL. Positive sample results are reported and qualified "B", if the concentration of the compound in the sample is ≤5 times (5x) the maximum amount for explosive target compounds. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 10) if needed.

Table 2 Blank Contamination Analysis Summary

Analysis Date	QC Blank ID	Compound	Max Conc. mg/kg	Action Level mg/kg	B qualified samples (for this SDG)
06/15/10	WG333544-01	All target explosives <½MRL	NA	NA	None
06/19/10	WG333544-01	All target explosives <½MRL	NA	NA	None

MRL = Method Reporting Limit
NA = Not Applicable

III-Initial Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. The initial 5-point calibration demonstrates that the instrument is capable of acceptable performance in the beginning of the analytical run. The DoD QSM specifies that the correlation coefficient must be ≥0.995 and/or the percent relative standard deviation (%RSD) must be ≤20%.

- For the explosives initial calibration performed on 05/15/10 on instrument HPLC4, all criteria were met for target explosives compounds. All target compounds were determined using linear regression with correlation coefficients ≥0.995. No qualifiers were applied. Samples 54ATM16 (L10060090-01), 54ATM16 (L10060090-01CF), 54ASC17 (L10060090-02), 54ASC17 (L10060090-02DL), 54ASC17 (L10060090-02CF), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) apply to this initial calibration.

IV-Continuing Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. Continuing calibration standards are analyzed after every 10 injections, and at the end of the analysis sequence. The DoD QSM specifies that the percent difference (%D) from initial calibration should be no greater than $\pm 20\%$.

- For explosives initial calibration verification performed on 05/15/10 @18:15 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this initial verification calibration.
- For explosives continuing calibration performed on 06/15/10 @15:10 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ATM16 (L10060090-01) and 54ASC17 (L10060090-02) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/15/10 @23:26 on instrument HPLC4, all criteria were met. No qualifiers were applied. Samples 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/16/10 @06:57 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/16/10 @20:04 on instrument HPLC4, all criteria were met. No qualifiers were applied. Sample 54ASC17 (L10060090-02DL) applies to this continuing calibration.
- For explosives continuing calibration performed on 06/17/10 @03:35 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/19/10 @14:34 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 06/20/10 @01:30 on instrument HPLC4, all criteria were met. No qualifiers were applied. Sample confirmations 54ATM16 (L10060090-01CF) and 54ASC17 (L10060090-02CF) apply to this continuing calibration.
- For explosives continuing calibration performed on 06/20/10 @12:27 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.

V-System Monitoring Compound (Surrogates)

Laboratory performance on individual samples is established by means of spiking activities. The percent recovery (%R) for all samples and blanks must be within the laboratory control limits. DoD surrogate recovery limits are specified in Table G-3 of the DoD QSM (DoD, 2009). If the surrogate is not listed, then the laboratory criteria shall be used.

Solid Criteria: 1,2-dinitrobenzene (50-150%)

- For explosive run for sample 54ASC 17 (L10060090-02DL), surrogate 1,2-dinitrobenzene was diluted out at 50x dilution; therefore, no qualifiers were applied based upon this outlier.
- For all other samples and runs, all criteria were met.

VI-Laboratory Control Sample and Laboratory Control Sample Duplicate

Laboratory control samples (LCS) and LCS duplicate (LCSD) are used to monitor long-term precision and accuracy of the analytical method. The analysis is performed at a frequency of 1 per analytical batch. The percent recoveries (%Rs) must be within the laboratory control limits. DoD QSM solid LCS recovery limits are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for explosives is $\leq 20\%$ RPD.

- Samples WG333544-02 and WG333544-02 were used as solid LCS/LCSD for explosives analyzed on 06/15/10. Nitroglycerin (RPD=27.5%) was outside criteria. For all other target compounds, all criteria were met. Nitroglycerin was qualified estimated "J" for detects and no qualification for non-detects based upon the high RPD. All recoveries were within criteria limits. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC17 (L10060090-02DL), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) apply to this LCS/LCSD.
- Samples WG333544-02 and WG333544-02 were used as solid LCS/LCSD for explosives analyzed on 06/19/10. 4-Nitrotoluene (136%, 132%) was outside criteria. For all other target compounds, all criteria were met. 4-Nitrotoluene was non-detect for all associated samples; therefore, no qualifiers were applied based upon the high recoveries. Samples 54ATM16 (L10060090-01CF) and 54ASC17 (L10060090-02CF) apply to this LCS/LCSD.

VII-Matrix Spike/Matrix Spike Duplicate

Data for matrix spike/matrix spike duplicates (MS/MSD) are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. The percent recoveries (%Rs) and the relative percent difference (RPD) must be within the laboratory control limits. DoD QSM solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for explosives is $\leq 20\%$ RPD.

- No project specific solid MS/MSD was performed for the explosives analysis on 06/15/10 or 06/19/10 runs; therefore, were not evaluated.

VIII-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 50% RPD for the solid samples.

- Field soil sample duplicate pair 54ASC16 3' (L10060021-11) and 54ATM16 (L10060090-01) was collected for select explosives. All detected analytes found in the sample and its duplicate pair and associated RPD are noted in **Table 3**. Target compounds 2,4-dinitrotoluene (50.3%) and 2,4,6-trinitrotoluene (129%) were outside criteria and were qualified estimated "J" for the duplicate pair based upon the high RPDs. For all other target compounds, all criteria were met. The duplicate pair was collected approximately a week apart; which may of lead to the high RPD.

**Table 3 Field Precision Hits Analysis Summary for Explosives for
Duplicate Pair 54ASC16 3' (L10060021-11) and 54ATM16 (L10060090-01)**

Compound	Original Sample (mg/kg)	Duplicate Pair (mg/kg)	RPD
2,4-Dinitrotoluene	0.184J	0.110J	50.3
2,4,6-Trinitrotoluene	0.891	0.191J	129
4-Amino-2,6-dinitrotoluene	0.161J	0.246U	NA

U = Target compound was non-detect as <MRL.

J = Estimated value <MRL and >MDL.

MDL = Method Detection Limit

MRL = Method Reporting Limit

NA = Not Applicable

- Field soil sample duplicate pair 54ASC46 (L10060021-40) and 54ATM46 (L10060090-07) was collected for select explosives. Target compound 2,4,6-trinitrotoluene was detected above the MRL for the parent and non-detect for the duplicate pair; therefore, were qualified as estimated "J" for detects and "UJ" for non-detects based upon this outlier. All other target explosives were non-detect for the duplicate pair. The duplicate was collected approximately a week apart; which may of lead to the high RPD.

IX-Quantitation Verification

The accuracy of analytical results was verified through the calculation of several parameters. The calculation was based calibration factors. The absolute percent difference (%D) between the calculated and the reported value must be within 10% difference. All positive values must have less than or equal to 40% %D between the primary and secondary columns.

- All values >MDL and <MRL or <3*MDL (whichever was greater) were qualified as estimated "J".
- Target compound 2,4,6-trinitrotoluene exceeded calibration range and was qualified rejected "R" for sample 54ASC17 (L10060090-02) based on this outlier. The associated "DL" sample should be used for data usability.
- For sample 54ASC17 (L10060090-02), nitroglycerin was detected; however, not confirmed on dissimilar column. Nitroglycerin was qualified estimated "J" based upon this outlier for this sample.
- For all other samples and detected target compounds, all confirmation criteria were met.

Sample: 54ATM16 (L10060090-01CF), 2,4,6-trinitrotoluene

$$Y = mX + b$$

Y = Area of target compound for sample

m = slope of curve

X = Amount on column

b = Y-intercept

Given:

$$m = 0.37032576$$

$$b = 0.2147599$$

$$Y = \text{Area} = 18.75225$$

$$X = 50.0572525$$

$$\text{Conc. } \mu\text{g/kg} = (\text{Ax} * \text{Vt} * \text{DF}) / (\text{Ws} * \text{D})$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$

Ax = Amount of compound being measured (ng/mL).

Vt = Volume of total extract (mL).

W(s) = Weight of sample (g).

D = Percent dry weight $(100 - \% \text{ moisture in sample})/100$ (Air dried = 1.000)

DF = Dilution factor

$$\text{Conc. } \mu\text{g/kg} = (50.0572525 * 40 * 1) / (10.15 * 1.000) = 197.27 \mu\text{g/kg} = 0.197 \text{ mg/kg}$$

Reported Value = 0.197 mg/kg

% Difference = 0.0%

Values were within 10% difference

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	Estimated: The analyte was positively identified; the quantitation is estimation.
B	Blank contamination: The analyte was detected above one-half the reporting limit in an associated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% D for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994).

Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-01

Client ID: 54ATM 16

Matrix: Soil

Workgroup Number: WG333707

Collect Date: 06/02/2010 11:00

Sample Tag: 01

PrePrep Method: NONE

Prep Method: METHOD

Analytical Method: 8330B

Analyst: JWR

Dilution: 1

Units: mg/kg

Instrument: HPLC4

Prep Date: 06/07/2010 09:00

Cal Date: 05/15/2010 17:22

Run Date: 06/15/2010 21:09

File ID: 4L018279.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.246	0.0985
2,4-Dinitrotoluene	121-14-2	0.110	J	0.246	0.0985
2,6-Dinitrotoluene	606-20-2		U	0.246	0.0985
2,4,6-Trinitrotoluene	118-96-7	0.191	J	0.246	0.0985
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.246	0.0985
2-Nitrotoluene	88-72-2		U	0.246	0.0985
4-Nitrotoluene	99-99-0		U	0.246	0.0985
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.246	0.0985
RDX	121-82-4		U	0.246	0.0985
Nitroglycerin	55-63-0		U	0.246	0.0985
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	136	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-01
 Client ID: 54ATM 16
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 06/02/2010 11:00
 Sample Tag: CF01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/20/2010 06:49
 File ID: 4L018397.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.246	0.0985
2,4-Dinitrotoluene	121-14-2	0.161	J	0.246	0.0985
2,6-Dinitrotoluene	606-20-2		U	0.246	0.0985
2,4,6-Trinitrotoluene	118-96-7	0.197	J	0.246	0.0985
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.246	0.0985
2-Nitrotoluene	88-72-2		U	0.246	0.0985
4-Nitrotoluene	99-99-0		U	0.246	0.0985
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.246	0.0985
RDX	121-82-4		U	0.246	0.0985
Nitroglycerin	55-63-0		U	0.246	0.0985
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	146	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was less than the low standard (LOQ)



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-02
 Client ID: 54ASC 17
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 06/02/2010 11:15
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/15/2010 21:48
 File ID: 4L018280.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.250	0.0998
2,4-Dinitrotoluene	121-14-2	3.60		0.250	0.0998
2,6-Dinitrotoluene	606-20-2	2.06		0.250	0.0998
2,4,6-Trinitrotoluene	118-96-7	137	J	0.250	0.0998
2-Amino-4,6-dinitrotoluene	35572-78-2	0.905		0.250	0.0998
2-Nitrotoluene	88-72-2		U	0.250	0.0998
4-Nitrotoluene	99-99-0		U	0.250	0.0998
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.250	0.0998
RDX	121-82-4	1.80		0.250	0.0998
Nitroglycerin	55-63-0	13.8	J	0.250	0.0998
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	123	50	150		

U Not detected at or above the LOQ.

J Estimated ; the analyte concentration was greater than the highest standard



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-02

Client ID: 54ASC 17

Matrix: Soil

Workgroup Number: WG333707

Collect Date: 06/02/2010 11:15

Sample Tag: CF01

PrePrep Method: NONE

Prep Method: METHOD

Analytical Method: 8330B

Analyst: JWR

Dilution: 10

Units: mg/kg

Instrument: HPLC4

Prep Date: 06/07/2010 09:00

Cal Date: 05/15/2010 17:22

Run Date: 06/20/2010 05:56

File ID: 4L018396.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	2.50	0.998
2,4-Dinitrotoluene	121-14-2	3.71		2.50	0.998
2,6-Dinitrotoluene	606-20-2	1.81		2.50	0.998
2,4,6-Trinitrotoluene	118-96-7	136		2.50	0.998
2-Amino-4,6-dinitrotoluene	35572-78-2	1.05		2.50	0.998
2-Nitrotoluene	88-72-2		U	2.50	0.998
4-Nitrotoluene	99-99-0		U	2.50	0.998
4-Amino-2,6-dinitrotoluene	19406-51-0		U	2.50	0.998
RDX	121-82-4	1.31		2.50	0.998
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	150	50	150		

U Not detected at or above the LOQ.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-02
Client ID: 54ASC 17
Matrix: Soil
Workgroup Number: WG333707
Collect Date: 06/02/2010 11:15
Sample Tag: DL01

PrePrep Method: NONE
Prep Method: METHOD
Analytical Method: 8330B
Analyst: JWR
Dilution: 50
Units: mg/kg

Instrument: HPLC4
Prep Date: 06/07/2010 09:00
Cal Date: 05/15/2010 17:22
Run Date: 06/16/2010 21:22
File ID: 4L018313.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
2,4,6-Trinitrotoluene	118-96-7	131		12.5	4.99
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene		50	150	DL	

DL Surrogate or spike compound was diluted out



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-03

Client ID: 54ASC 19

Matrix: Soil

Workgroup Number: WG333707

Collect Date: 06/02/2010 11:30

Sample Tag: 01

PrePrep Method: NONE

Prep Method: METHOD

Analytical Method: 8330B

Analyst: JWR

Dilution: 1

Units: mg/kg

Instrument: HPLC4

Prep Date: 06/07/2010 09:00

Cal Date: 05/15/2010 17:22

Run Date: 06/16/2010 00:06

File ID: 4L018284.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.247	0.0988
2,4-Dinitrotoluene	121-14-2		U	0.247	0.0988
2,6-Dinitrotoluene	606-20-2		U	0.247	0.0988
2,4,6-Trinitrotoluene	118-96-7		U	0.247	0.0988
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.247	0.0988
2-Nitrotoluene	88-72-2		U	0.247	0.0988
4-Nitrotoluene	99-99-0		U	0.247	0.0988
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.247	0.0988
RDX	121-82-4		U	0.247	0.0988
Nitroglycerin	55-63-0		U	0.247	0.0988
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	101	50	150		

U Not detected at or above the LOQ.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-04
 Client ID: 54ASC 29
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 06/02/2010 11:45
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/16/2010 00:45
 File ID: 4L018285.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.247	0.0988
2,4-Dinitrotoluene	121-14-2		U	0.247	0.0988
2,6-Dinitrotoluene	606-20-2		U	0.247	0.0988
2,4,6-Trinitrotoluene	118-96-7		U	0.247	0.0988
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.247	0.0988
2-Nitrotoluene	88-72-2		U	0.247	0.0988
4-Nitrotoluene	99-99-0		U	0.247	0.0988
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.247	0.0988
RDX	121-82-4		U	0.247	0.0988
Nitroglycerin	55-63-0		U	0.247	0.0988
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	105	50	150		

U Not detected at or above the LOQ.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-05
 Client ID: 54ASC 30
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 06/02/2010 12:00
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/16/2010 01:24
 File ID: 4L018286.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.247	0.0987
2,4-Dinitrotoluene	121-14-2		U	0.247	0.0987
2,6-Dinitrotoluene	606-20-2		U	0.247	0.0987
2,4,6-Trinitrotoluene	118-96-7		U	0.247	0.0987
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.247	0.0987
2-Nitrotoluene	88-72-2		U	0.247	0.0987
4-Nitrotoluene	99-99-0		U	0.247	0.0987
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.247	0.0987
RDX	121-82-4		U	0.247	0.0987
Nitroglycerin	55-63-0		U	0.247	0.0987
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	107	50	150		

U Not detected at or above the LOQ.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-06
 Client ID: 54ASC 44
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 06/02/2010 12:15
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/16/2010 02:03
 File ID: 4L018287.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.248	0.0993
2,4-Dinitrotoluene	121-14-2		U	0.248	0.0993
2,6-Dinitrotoluene	606-20-2		U	0.248	0.0993
2,4,6-Trinitrotoluene	118-96-7		U	0.248	0.0993
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.248	0.0993
2-Nitrotoluene	88-72-2		U	0.248	0.0993
4-Nitrotoluene	99-99-0		U	0.248	0.0993
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.248	0.0993
RDX	121-82-4		U	0.248	0.0993
Nitroglycerin	55-63-0		U	0.248	0.0993
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	102	50	150		

U Not detected at or above the LOQ.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-07
 Client ID: 54ATM 46
 Matrix: Soil
 Workgroup Number: WG333707
 Collect Date: 06/02/2010 12:30
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: JWR
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 06/07/2010 09:00
 Cal Date: 05/15/2010 17:22
 Run Date: 06/16/2010 02:42
 File ID: 4L018288.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.246	0.0983
2,4-Dinitrotoluene	121-14-2		U	0.246	0.0983
2,6-Dinitrotoluene	606-20-2		U	0.246	0.0983
2,4,6-Trinitrotoluene	118-96-7		U	0.246	0.0983
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.246	0.0983
2-Nitrotoluene	88-72-2		U	0.246	0.0983
4-Nitrotoluene	99-99-0		U	0.246	0.0983
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.246	0.0983
RDX	121-82-4		U	0.246	0.0983
Nitroglycerin	55-63-0		U	0.246	0.0983
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	103	50	150		

U Not detected at or above the LOQ.



Shaw Environmental, Inc.
2113 Emmorton Park Road
Edgewood, Maryland
410-612-6350
FAX: 410-612-6351



Shaw Environmental, Inc.

MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Lead
Microbac Laboratories, Inc., SDG L10060090

DATE: October 11, 2010

The purpose of this memorandum is to present the data validation report for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on June 02, 2010. Solid samples were analyzed for lead using USEPA SW-846 3051A/6010B. A total of seven solid samples were validated. The sample IDs are:

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ATM16	L10060090-01	54ASC30	L10060090-05
54ASC17	L10060090-02	54ASC44	L10060090-06
54ASC19	L10060090-03	54ATM46	L10060090-07
54ASC29	L10060090-04		

Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Inorganic Data Review* (April, 1993). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Initial and Continuing Calibration
	X	Blank Analysis
	X	ICP Interference Check Sample (ICS)
	X	Laboratory Control Sample (LCS)
	X	Laboratory Sample Duplicate
	X	Matrix Spike and Spike Duplicate
	X	ICP Serial Dilution
X		Field Sample Duplicate
	X	Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable with noted qualifications.


Eric Malarek, Chemist

10/4/10
Date

**RFAAP VALIDATION REPORT
METALS REVIEW
SDG L10060090**

I-Holding Times and Preservation

The primary objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample analysis. Holding time criteria: For solid matrices, the samples are shipped at ambient temperature for ICP metals (cool @4°C±2°C if with other tests) with a maximum holding time is 180 days (USEPA criteria).

- **Temperature Review:** The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 06/02/10, the cooler was received by the primary laboratory (Microbac) on 06/03/10 at 1.0°C. Even though the cooler temperature was below criteria; there were no impacts for the sample analysis and no qualifiers were applied based upon this outlier.
- **Holding Time Review:** Samples were collected 06/02/10 for lead analysis. For solid samples, the soil samples were digested on 06/04/10 and analyzed on 06/07/10 for ICP lead. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Initial and Continuing Calibration

Requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable quantitative data. Initial calibration demonstrates that the instrument is capable of acceptable performance at the beginning of the analysis run, and continuing calibration verification documents that the initial calibration is still valid.

ICP: 1- blank (DoD QSM <½ MRL)
3 – standards ($r \geq 0.995$)
ICV/CCV (90-110%) (DoD QSM 90-110%)
MRL (70-130%) (DoD QSM 80-120%)
High Std. (95-105%)

- The solid samples were analyzed for ICP metals on 06/07/10. Lead was determined using linear regression with a correlation coefficient ≥ 0.995 for all runs. All ICV/CCV/High Standard/MRL criteria were met for lead for all runs. No qualifiers were applied.

III-Blanks

Blanks (preparation and calibration blanks) are assessed to determine the existence and magnitude of contamination problems. No contaminants should be detected (i.e. <MDL) in any of the associated blanks. DoD QSM limits are <½MRL for the method blank and <2*MDL for the calibration blanks. Samples are qualified "B" when they are less than 5x the absolute value of the maximum blank concentration. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 10 for ICP) if needed.

Table 2 Blank Contamination Analysis Summary

Analysis Date	Analysis	QC Blank ID	Max Conc. mg/kg	Action Level mg/kg	B qualified samples (for this SDG)
06/07/10	ICP Pb	ICB/CCBs	<2*MDL	NA	None
06/07/10	ICP Pb	WG333480-02	<1/2*MRL	NA	None

NA = Not Applicable

MDL = Method Detection Limit.

MRL = Method Reporting Limit.

IV-ICP Interference Check Sample (ICS)

The ICP interference check sample (ICS) verifies interelement and background correction factors. ICP Interference Check is performed at the beginning and end of each sample analysis run. Control limits are 80-120% (DoD QSM limits 80-120%).

- All criteria were met. No qualifiers were applied.

V-Laboratory Control Samples (LCS)

The laboratory control sample (LCS) serves as a monitor of the overall performance of each step during the analysis, including the sample preparation. All aqueous LCS results must fall within the control limits. The DoD QSM solid LCS recovery limits are specified in Table G-19 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used.

- Sample WG333480-03 was used as solid LCS for ICP metals analysis on 06/07/10. All criteria were met. No qualifiers were applied. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) apply to this LCS.

VI-Laboratory Duplicate Sample Analysis

Duplicate sample determinations are used to demonstrate acceptable method precision by the laboratory at the time of analysis. Duplicate analyses are also performed to generate data in order to determine the long-term precision of the analytical method on various matrices. RPDs must be within established control limits. DoD QSM limits for metals are 20% RPD for ICP metals.

- No laboratory duplicate was analyzed. Laboratory precision was evaluated using the Matrix Spike and Matrix Spike Duplicate (Section VII).

VII-Matrix Spike/Spike Duplicate

MS/MSD are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. Specific criteria include the analyses of matrix spike and matrix spike duplicate samples at a frequency of one MS and MSD per 20 samples of similar matrix. MS and MSD recoveries and relative percent differences between MS and MSD recoveries should be within the specified limits. DoD QSM solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-19 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. Post digestion spikes limits are 75-125% for ICP metals.

- Sample L10060110-01 was used as solid laboratory MS/MSD for ICP lead analysis on 06/07/10. The spiked sample was not a RFAAP site specific sample; therefore, was not evaluated. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) apply to this MS/MSD.

VIII-ICP Serial Dilution

An ICP serial dilution is performed to determine whether significant physical or chemical interferences exist due to sample matrix at high concentrations. An analysis of a 5-fold dilution should agree within 10% difference of the original result when the concentration in sample is a factor of 50 above MDL.

- The serial dilution for ICP lead was analyzed on 06/07/10 using solid sample 54ASC19 (L10060090-03). All criteria were met. No qualifiers were applied. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) apply to this serial dilution.

IX-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 35% RPD for the solid samples.

- Field soil sample duplicate pair 54ASC16 3' (L10060021-11) and 54ATM16 (L10060090-01) was collected for lead. Lead was detected in the original sample at 56.1 mg/kg and in the duplicate pair at 112 mg/kg resulting in a RPD of 66.5%. Lead exceeded the criteria limit; therefore, was qualified estimated "J" for the duplicate pair based upon the high RPD. The duplicate pair was collected approximately a week apart; which may of lead to the high RPD.
- Field soil sample duplicate pair 54ASC46 (L10060021-40) and 54ATM46 (L10060090-07) was collected for lead. Lead was detected in the original sample at 15.0 mg/kg and in the duplicate pair at 22.2 mg/kg resulting in a RPD of 38.7%. Lead exceeded the criteria limit; therefore, was qualified estimated "J" for the duplicate pair based upon the high RPD. The duplicate pair was collected approximately a week apart; which may of lead to the high RPD.

X-Quantitation Verification

The accuracy of analytical results is verified through the calculation of several parameters. The percent difference (%D) between the calculated and the reported values should be within 10%. Any sample value >MDL and <MRL or <3*MDL (whichever is greater) was qualified as estimated, "J." The following calculations were performed for verification.

Sample: 54ATM16 (L10060090-01), Lead

$$\text{Conc. (mg/kg)} = \{(\text{conc. } \mu\text{g/L}) * (\text{Final Volume L}) * (\text{DF})\} / \{(\text{Weight Sample g}) * (\text{Fraction Solids})\}$$

$$\text{Conc. (mg/kg)} = \{(2676.5 \mu\text{g/L}) * (0.050 \text{ L}) * (1)\} / \{(1.450 \text{ g}) * (0.8240)\} = 112 \mu\text{g/g} = 112 \text{ mg/kg}$$

Reported concentration = 112 mg/kg

%D = 0.0%

Values were within 10% difference.

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	Estimated: The analyte was positively identified; the quantitation is estimation.
B	Blank contamination: The analyte was detected above one-half the reporting limit in an associated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% D for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Inorganic Data Review* (April, 1993).

Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-01
Client ID: 54ATM 16
Matrix: Soil
Workgroup Number: WG333504
Collect Date: 06/02/2010 11:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: EDA
Dilution: 1
Units: mg/kg

Instrument: ICP-THERMO1
Prep Date: 06/04/2010 13:03
Cal Date: 06/07/2010 10:20
Run Date: 06/07/2010 12:22
File ID: T1.060710.122257
Percent Solid: 82.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	112	J	4.19	0.419

1 of 7



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-02
Client ID: 54ASC 17
Matrix: Soil
Workgroup Number: WG333504
Collect Date: 06/02/2010 11:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: EDA
Dilution: 1
Units: mg/kg

Instrument: ICP-THERMO1
Prep Date: 06/04/2010 13:03
Cal Date: 06/07/2010 10:20
Run Date: 06/07/2010 12:26
File ID: T1.060710.122618
Percent Solid: 90.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	742		3.77	0.377

2 of 7



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-03
Client ID: 54ASC 19
Matrix: Soil
Workgroup Number: WG333504
Collect Date: 06/02/2010 11:30
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: EDA
Dilution: 1
Units: mg/kg

Instrument: ICP-THERMO1
Prep Date: 06/04/2010 13:03
Cal Date: 06/07/2010 10:20
Run Date: 06/07/2010 12:29
File ID: T1.060710.122940
Percent Solid: 89.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	12.7		4.14	0.414

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Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-04
Client ID: 54ASC 29
Matrix: Soil
Workgroup Number: WG333504
Collect Date: 06/02/2010 11:45
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: EDA
Dilution: 1
Units: mg/kg

Instrument: ICP-THERMO1
Prep Date: 06/04/2010 13:03
Cal Date: 06/07/2010 10:20
Run Date: 06/07/2010 12:43
File ID: T1.060710.124311
Percent Solid: 86.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	7.74		3.99	0.399

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Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-05
Client ID: 54ASC 30
Matrix: Soil
Workgroup Number: WG333504
Collect Date: 06/02/2010 12:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: EDA
Dilution: 1
Units: mg/kg

Instrument: ICP-THERMO1
Prep Date: 06/04/2010 13:03
Cal Date: 06/07/2010 10:20
Run Date: 06/07/2010 12:46
File ID: T1.060710.124635
Percent Solid: 87.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	6.86		4.00	0.400

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Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-06
Client ID: 54ASC 44
Matrix: Soil
Workgroup Number: WG333504
Collect Date: 06/02/2010 12:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: EDA
Dilution: 1
Units: mg/kg

Instrument: ICP-THERMO1
Prep Date: 06/04/2010 13:03
Cal Date: 06/07/2010 10:20
Run Date: 06/07/2010 12:49
File ID: T1.060710.124959
Percent Solid: 85.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	7.10		4.11	0.411



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-07
Client ID: 54ATM 46
Matrix: Soil
Workgroup Number: WG333504
Collect Date: 06/02/2010 12:30
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3051A
Analytical Method: 6010B
Analyst: EDA
Dilution: 1
Units: mg/kg

Instrument: ICP-THERMO1
Prep Date: 06/04/2010 13:03
Cal Date: 06/07/2010 10:20
Run Date: 06/07/2010 12:53
File ID: T1.060710.125322
Percent Solid: 83.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Lead, Total	7439-92-1	22.2	J	4.38	0.438

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Report Number: L10060090

Report Date : June 7, 2010

Form I Copy

Sample Number: L10060090-01	PrePrep Method: NONE	Instrument: BAL001
Client ID: 54ATM 16	Prep Method: D2216-90	Prep Date: 06/07/2010 08:21
Matrix: Soil	Analytical Method: D2216-90	Cal Date:
Workgroup Number: WG333486	Analyst: JBK	Run Date: 06/07/2010 08:21
Collect Date: 06/02/2010 11:00	Dilution: 1	File ID: B1.333486-0114
Sample Tag: 01	Units: weight %	

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	82.4		1.00	1.00

1 of 7



Report Number: L10060090

Report Date : June 7, 2010

Form I Copy

Sample Number: L10060090-02	PrePrep Method: NONE	Instrument: BAL001
Client ID: 54ASC 17	Prep Method: D2216-90	Prep Date: 06/07/2010 08:21
Matrix: Soil	Analytical Method: D2216-90	Cal Date:
Workgroup Number: WG333486	Analyst: JBK	Run Date: 06/07/2010 08:21
Collect Date: 06/02/2010 11:15	Dilution: 1	File ID: B1.333486-0115
Sample Tag: 01	Units: weight %	

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	90.7		1.00	1.00

2 of 7



Report Number: L10060090

Report Date : June 7, 2010

Form I Copy

Sample Number: L10060090-03
Client ID: 54ASC 19
Matrix: Soil
Workgroup Number: WG333486
Collect Date: 06/02/2010 11:30
Sample Tag: 01

PrePrep Method: NONE
Prep Method: D2216-90
Analytical Method: D2216-90
Analyst: JBK
Dilution: 1
Units: weight %

Instrument: BAL001
Prep Date: 06/07/2010 08:21
Cal Date:
Run Date: 06/07/2010 08:21
File ID: B1.333486-0116

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	89.1		1.00	1.00

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Report Number: L10060090
Report Date : June 7, 2010

Form I Copy

Sample Number: L10060090-04
Client ID: 54ASC 29
Matrix: Soil
Workgroup Number: WG333486
Collect Date: 06/02/2010 11:45
Sample Tag: 01

PrePrep Method: NONE
Prep Method: D2216-90
Analytical Method: D2216-90
Analyst: JBK
Dilution: 1
Units: weight %

Instrument: BAL001
Prep Date: 06/07/2010 08:21
Cal Date:
Run Date: 06/07/2010 08:21
File ID: B1.333486-0117

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	86.3		1.00	1.00



Report Number: L10060090

Report Date : June 7, 2010

Form I Copy

Sample Number: L10060090-05
Client ID: 54ASC 30
Matrix: Soil
Workgroup Number: WG333486
Collect Date: 06/02/2010 12:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: D2216-90
Analytical Method: D2216-90
Analyst: JBK
Dilution: 1
Units: weight %

Instrument: BAL001
Prep Date: 06/07/2010 08:21
Cal Date:
Run Date: 06/07/2010 08:21
File ID: B1.333486-0118

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	87.8		1.00	1.00

5 of 7



Report Number: L10060090

Report Date : June 7, 2010

Form I Copy

Sample Number: L10060090-06
Client ID: 54ASC 44
Matrix: Soil
Workgroup Number: WG333486
Collect Date: 06/02/2010 12:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: D2216-90
Analytical Method: D2216-90
Analyst: JBK
Dilution: 1
Units: weight %

Instrument: BAL001
Prep Date: 06/07/2010 08:21
Cal Date:
Run Date: 06/07/2010 08:21
File ID: B1.333486-0119

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	85.8		1.00	1.00

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Report Number: L10060090

Report Date : June 7, 2010

Form I Copy

Sample Number: L10060090-07	PrePrep Method: NONE	Instrument: BAL001
Client ID: 54ATM 46	Prep Method: D2216-90	Prep Date: 06/07/2010 08:21
Matrix: Soil	Analytical Method: D2216-90	Cal Date:
Workgroup Number: WG333486	Analyst: JBK	Run Date: 06/07/2010 08:21
Collect Date: 06/02/2010 12:30	Dilution: 1	File ID: B1.333486-0120
Sample Tag: 01	Units: weight %	

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Percent Solids	10-02-6	83.4		1.00	1.00

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MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Dieldrin and Heptachlor Epoxide
Microbac Laboratories, Inc., SDG L10060090

DATE: September 30, 2010

The purpose of this memorandum is to present the data validation report for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on June 02, 2010. Solid samples were analyzed for select pesticides dieldrin and heptachlor epoxide using USEPA Method 3550B/8081A. A total of fourteen solid samples (includes seven re-analysis samples) were validated. The sample ids are:

Field Sample ID	Lab Sample ID	Field Sample ID	Lab Sample ID
54ATM16	L10060090-01	54ASC29	L10060090-04RE
54ATM16	L10060090-01RE	54ASC30	L10060090-05
54ASC17	L10060090-02	54ASC30	L10060090-05RE
54ASC17	L10060090-02RE	54ASC44	L10060090-06
54ASC19	L10060090-03	54ASC44	L10060090-06RE
54ASC19	L10060090-03RE	54ATM46	L10060090-07
54ASC29	L10060090-04	54ATM46	L10060090-07RE

Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Instrument Performance Check
	X	Initial Calibration
	X	Continuing Calibration
	X	Blank Analysis
	X	System Monitoring Compounds
X		Laboratory Control Sample and Laboratory Control Sample Duplicate
	X	Matrix Spike/Spike Duplicate
	X	Field Duplicate
	X	Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable with noted qualifications. For samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07), one of the pesticide surrogate(s) were outside criteria and the samples were re-analyzed "RE". See Section VI System Monitoring Compounds for further details regarding which should be used as best fit data with the other samples provided as extra QC. There were no impacts to the data completeness.



 Eric Malarek, Chemist

10/11/10

 Date

**RFAAP VALIDATION REPORT
SELECT PESTICIDE/PCB REVIEW
SDG L10060090**

I-Holding Times and Preservation

The objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample extraction and analysis. Holding time criteria: For solid samples, pesticide and PCB compounds are shipped cooled ($@4^{\circ}\text{C} \pm 2^{\circ}\text{C}$) with a maximum holding time of 14 days from sample collection to preparative extraction and 40 days from preparative extraction to determinative analysis (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 06/02/10, the cooler was received by the primary laboratory (Microbac) on 06/03/10 at 1.0°C . Even though the cooler temperature was below criteria; there were no impacts for the sample analysis and no qualifiers were applied based upon this outlier.
- Holding Time Review: The solid samples were collected on 06/02/10. The samples analyzed for select pesticides were extracted on 06/07/10 and analyzed on 06/09/10. The re-analysis "RE" samples analyzed for select pesticides were re-extracted on 06/10/10 and analyzed on 06/19/10. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Instrument Performance Check (Degradation Standard)

Performance checks on the gas chromatograph with electron capture detector (GC/ECD) system are performed to ensure adequate resolution and instrument sensitivity. The performance evaluation mixture (PEM) must be analyzed at the beginning of the analytical sequence. The breakdown of Endrin and 4,4'-DDT must be $\leq 15\%$ on both signals.

- For analysis performed on 06/09/10 @08:12, endrin and 4,4'-DDT percent breakdowns were 10.33% and 4.47%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/09/10 @11:41, endrin and 4,4'-DDT percent breakdowns were 12.81% and 5.06%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/10/10 @02:44, endrin and 4,4'-DDT percent breakdowns were 11.08% and 4.49%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/19/10 @14:28, endrin and 4,4'-DDT percent breakdowns were 3.18% and 2.78%. All criteria were met. No qualifiers were applied.
- For analysis performed on 06/20/10 @02:45, endrin and 4,4'-DDT percent breakdowns were 2.02% and 3.15%. All criteria were met. No qualifiers were applied.

III-Initial Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. The initial 5 point calibration demonstrates that the instrument is capable of acceptable performance in the beginning of the analytical run. Calibration factors are generated for each compound. The DoD QSM specifies that the percent relative standard deviation (%RSD) for all single peak target analytes must be $< 20\%$ or the mean %RSD for all analytes in the standard must be $\leq 20\%$. If linear regression is used, the correlation coefficient must be ≥ 0.995 .

- For the pesticide initial calibration performed on 06/08/10 on instrument HP15, all criteria were met. No qualifiers were applied. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) were analyzed using this initial calibration.
- For the pesticide initial calibration performed on 06/18/10 on instrument HP15, all criteria were met. No qualifiers were applied. Samples 54ATM16 (L10060090-01RE), 54ASC17 (L10060090-02RE), 54ASC19 (L10060090-03RE), 54ASC29 (L10060090-04RE), 54ASC30 (L10060090-05RE), 54ASC44 (L10060090-06RE), and 54ATM46 (L10060090-07RE) were analyzed using this initial calibration.

IV-Continuing Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for pesticide/PCB target compounds. Continuing calibration standards containing both target compounds and surrogates are analyzed at the beginning of each 12-hour analytical shift and after every 20 samples. The DoD QSM specifies that the percent difference (%D) or the average %Ds for all analytes in the standard from the initial calibration should be no greater than $\pm 20\%$.

- For pesticide initial calibration verification performed on 06/08/10 @20:24 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide initial calibration verification performed on 06/18/10 @20:59 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide initial calibration verification performed on 06/16/10 @16:00 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this initial calibration verification.
- For pesticide initial calibration verification performed on 06/09/10 @02:04 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), and 54ASC29 (L10060090-04) were analyzed using this initial calibration verification.
- For pesticide continuing calibration performed on 06/09/10 @08:40 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/09/10 @12:10 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/09/10 @21:04 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.
- For pesticide continuing calibration performed on 06/19/10 @14:56 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. Samples 54ATM16 (L10060090-01RE), 54ASC17 (L10060090-02RE), 54ASC19 (L10060090-03RE), 54ASC29 (L10060090-04RE), 54ASC30 (L10060090-05RE), 54ASC44 (L10060090-06RE), and 54ATM46 (L10060090-07RE) were analyzed using this continuing calibration.

- For pesticide continuing calibration performed on 06/19/10 @21:05 on instrument HP15, all criteria were met for all reported target compounds. No qualifiers were applied. No samples reported were analyzed using this continuing calibration.

V-Blank Analysis

The purpose of laboratory or field blank analyses is to determine the existence and magnitude of contamination problems resulting from laboratory or field activities. One method blank per analytical batch must be run on each instrument used to analyze samples. The DoD QSM criterion specifies all concentrations should be less than one-half MRL. Positive sample results are reported and qualified "B", if the concentration of the compound in the sample is ≤ 5 times (5X) the maximum amount for pesticide and PCB target compounds. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 33) if needed.

Table 2 Blank Contamination Analysis Summary

Parameter	Analysis Date	QC Blank ID	Compound	Max Conc. $\mu\text{g/kg}$	Action Level $\mu\text{g/kg}$	B qualified samples (for this SDG)
Pesticides	06/09/10	WG333533-01	All target $< \frac{1}{2}$ MRL	NA	NA	None
Pesticides	06/19/10	WG333967-01	All target $< \frac{1}{2}$ MRL	NA	NA	None

NA = Not Applicable

MRL = Method Reporting Limit

VI-System Monitoring Compound (Surrogates)

Laboratory performance on individual samples is evaluated through the review of surrogate spike samples. Surrogate spikes are added to all samples and blanks to measure their recovery in sample and blank matrices. The percent recoveries (%Rs) must be within the specified control limits. DoD surrogate recovery limits are specified in Table G-3 of the DoD QSM (DoD, 2009). If the surrogate is not listed, then the laboratory criteria shall be used.

Pesticides Solid Criteria: Tetrachloro-m-xylene: 70-125% (DoD QSM 70-125%)

Decachlorobiphenyl: 55-130% (DoD QSM 55-130%)

- For pesticide run for sample 54ATM16 (L10060090-01), surrogate tetrachloro-m-xylene (57.9%) was below criteria. The sample 54ATM16 (L10060090-01RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (59.6%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon these outliers. The original sample should be used for data usability.
- For pesticide run for sample 54ASC17 (L10060090-02), surrogate tetrachloro-m-xylene (57.0%) was below criteria. The sample 54ASC17 (L10060090-02RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (73.1%) was within criteria limits; however, surrogate decachlorobiphenyl (163%) was above criteria for the re-analysis sample. All criteria were met for surrogate decachlorobiphenyl for the original sample. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon these outliers. The original sample should be used for data usability.
- For pesticide run for sample 54ASC19 (L10060090-03), surrogate tetrachloro-m-xylene (54.0%) was below criteria. The sample 54ASC19 (L10060090-03RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (77.5%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier. The original sample should be used for data usability.

- For pesticide run for sample 54ASC29 (L10060090-04), surrogate tetrachloro-m-xylene (58.4%) was below criteria. The sample 54ASC29 (L10060090-04RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (72.7%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier. The original sample should be used for data usability.
- For pesticide run for sample 54ASC30 (L10060090-05), surrogate tetrachloro-m-xylene (66.4%) was below criteria. The sample 54ASC30 (L10060090-05RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (71.1%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier. The original sample should be used for data usability.
- For pesticide run for sample 54ASC44 (L10060090-06), surrogate tetrachloro-m-xylene (65.8%) was below criteria. The sample 54ASC44 (L10060090-06RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (72.1%) was within criteria limits. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon this outlier. The original sample should be used for data usability.
- For pesticide run for sample 54ATM46 (L10060090-07), surrogate tetrachloro-m-xylene (67.3%) was below criteria. The sample 54ATM46 (L10060090-07RE) was re-extracted and re-analyzed and surrogate tetrachloro-m-xylene (65.9%) was below criteria. All criteria were met for surrogate decachlorobiphenyl for both samples. Since only one surrogate was outside criteria for both samples; no qualifiers were applied based upon these outliers. The original sample should be used for data usability.

VII-Laboratory Control Sample and Laboratory Control Sample Duplicate

Laboratory control samples (LCS) are used to monitor laboratory accuracy by calculating the percent recoveries of the spiked compounds. All LCS percent recoveries must be within the specified control limits. DoD QSM solid LCS recovery limits are specified in Table G-15 and Table G-17 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for pesticides is $\leq 30\%$ RPD.

- Sample WG333533-02 was used as the solid LCS for the pesticide analysis on 06/09/10. Heptachlor epoxide (63.3%) was below criteria. All criteria were met for dieldrin. Heptachlor epoxide was non-detect for all associated samples; therefore, was qualified estimated bias low "UL" based upon the low recovery. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) apply to this LCS.
- Sample WG333533-02 was used as the solid LCS for the pesticide analysis on 06/09/10. All criteria were met. No qualifiers were applied. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) apply to this LCS.
- Sample WG333967-02 and WG333967-03 were used as the solid LCS/LCSD for the pesticide analysis on 06/19/10. All criteria were met. No qualifiers were applied. Samples 54ATM16 (L10060090-01RE), 54ASC17 (L10060090-02RE), 54ASC19 (L10060090-03RE), 54ASC29 (L10060090-04RE), 54ASC30 (L10060090-05RE), 54ASC44 (L10060090-06RE), and 54ATM46 (L10060090-07RE) apply to this LCS/LCSD.

- Sample WG333533-02 and WG333533-03 were used as the solid LCS/LCSD for the pesticide analysis on 06/09/10. All criteria were met. No qualifiers were applied. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07) apply to this LCS/LCSD.

VIII-Matrix Spike/Matrix Spike Duplicate

Data for matrix spike/matrix spike duplicates (MS/MSD) are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. The percent recoveries (%Rs) and the relative percent difference (RPD) must be within the specified control limits. DoD solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-15 and Table G-17 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for pesticides is $\leq 30\%$ RPD.

- No project site specific solid MS/MSD was performed for the pesticide analysis; therefore, was not evaluated. Samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), 54ATM46 (L10060090-07), 54ATM16 (L10060090-01RE), 54ASC17 (L10060090-02RE), 54ASC19 (L10060090-03RE), 54ASC29 (L10060090-04RE), 54ASC30 (L10060090-05RE), 54ASC44 (L10060090-06RE), and 54ATM46 (L10060090-07RE) apply to this MS/MSD.

IX-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 50% RPD for the solid samples.

- Field soil sample duplicate pair 54ASC16 3' (L10060021-11) and 54ATM16 (L10060090-01) was collected for select pesticides. All target pesticides were non-detect for the original and duplicate pair samples (for both the original and re-analysis "RE" samples). All criteria were met. No qualifiers were applied. The duplicate pair was collected approximately a week apart.
- Field soil sample duplicate pair 54ASC46 (L10060021-40) and 54ATM46 (L10060090-07) was collected for select pesticides. All target pesticides were non-detect for the original and duplicate pair samples (for both the original and re-analysis "RE" samples). All criteria were met. No qualifiers were applied. The duplicate pair was collected approximately a week apart.

X-Quantitation Verification

The accuracy of analytical results was verified through the calculation of several parameters. The difference between the calculated value and the reported value must be within 10% difference. All positive values must have less than or equal to 40% %RPD between the primary and secondary columns. Any sample value $> \text{MDL}$ and $< \text{MRL}$ or $< 3 * \text{MDL}$ (whichever is greater) was qualified as estimated, "J."

- For samples 54ATM16 (L10060090-01), 54ASC17 (L10060090-02), 54ASC19 (L10060090-03), 54ASC29 (L10060090-04), 54ASC30 (L10060090-05), 54ASC44 (L10060090-06), and 54ATM46 (L10060090-07), one of the pesticide surrogate(s) were outside criteria and the samples were re-analyzed "RE". See Section VI System Monitoring Compounds for further details regarding which should be used as best fit data with the other samples provided as extra QC. There were no impacts to the data completeness.
- All chlorinated pesticides were non-detect. No confirmations were required.

Sample: WG333533-02-LCS, Dieldrin

$$\text{Conc. } \mu\text{g/kg} = (\text{Ax} * \text{Vt} * \text{DF}) / (\text{CF} * \text{Vi} * \text{Ws} * \text{D})$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$
Ax = Area/response for compound being measured.
Vt = Volume of total extract in (μL)
CF = Ave calibration response factor for compound being measured from ICAL (Area/pg)
Vi = Volume of extract injected (mL).
W(s) = Weight of sample extracted or diluted in grams.
D = Percent dry weight $(100 - \% \text{ moisture in sample})/100 = 1.0$ for Wet Weight
DF = Dilution factor

$$\begin{aligned}\text{Conc. } \mu\text{g/kg} &= (3852900000\text{Area} * 10000\mu\text{L} * 1) / (93150000\text{Area/pg} * (1000\text{pg/ng}) * 1\mu\text{L} * 30.00\text{g} * 1.000) \\ &= 13.8 \mu\text{g/kg} \text{ (Signal \#1)}\end{aligned}$$

Reported Value = 13.1 $\mu\text{g/kg}$ (Signal #1)

% Difference = 5.3%

Values were within 10% difference

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	The reported result is an estimated value (e.g., matrix interference was observed or the analyte was detected at a concentration outside the quantitation range).
B	Blank contamination. The recorded result is associated with a contaminated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% RPD for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994).

Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-01
 Client ID: 54ATM 16
 Matrix: Soil
 Workgroup Number: WG333792
 Collect Date: 06/02/2010 11:00
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: 3550B
 Analytical Method: 8081A
 Analyst: HAV
 Dilution: 1
 Units: ug/kg

Instrument: HP15
 Prep Date: 06/07/2010 11:37
 Cal Date: 06/08/2010 19:56
 Run Date: 06/09/2010 05:50
 File ID: 15G22101.R
 Percent Solid: 82.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	VL 1.96	0.392
Dieldrin	60-57-1		UJ	3.92	0.392
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	57.9	70	125	*	
Decachlorobiphenyl	61.0	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-01
Client ID: 54ATM 16
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 11:00
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 17:18
File ID: 15G22379.F
Percent Solid: 82.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.02	0.404
Dieldrin	60-57-1		UJ	4.04	0.404
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	59.6	70	125	*	
Decachlorobiphenyl	56.1	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-02
Client ID: 54ASC 17
Matrix: Soil
Workgroup Number: WG333792
Collect Date: 06/02/2010 11:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: HAV
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/07/2010 11:37
Cal Date: 06/08/2010 19:56
Run Date: 06/09/2010 06:19
File ID: 15G22102.R
Percent Solid: 90.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.77	0.354
Dieldrin	60-57-1		UJ	3.54	0.354
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	57.0	70	125	*	
Decachlorobiphenyl	108	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-02
Client ID: 54ASC 17
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 11:15
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 17:47
File ID: 15G22380.F
Percent Solid: 90.7

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.92	0.385
Dieldrin	60-57-1		UJ	3.85	0.385
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	73.1	70	125		
Decachlorobiphenyl	163	55	130	*	

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-03
Client ID: 54ASC 19
Matrix: Soil
Workgroup Number: WG333792
Collect Date: 06/02/2010 11:30
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: BAV
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/07/2010 11:37
Cal Date: 06/08/2010 19:56
Run Date: 06/09/2010 06:47
File ID: 15G22103.R
Percent Solid: 89.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.81	0.363
Dieldrin	60-57-1		UJ	3.63	0.363
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	54.0	70	125	*	
Decachlorobiphenyl	63.3	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-03
Client ID: 54ASC 19
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 11:30
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 18:15
File ID: 15G22381.F
Percent Solid: 89.1

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	2.00	0.401
Dieldrin	60-57-1		U	4.01	0.401
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	77.5	70	125		
Decachlorobiphenyl	81.2	55	130		

U Not detected at or above the LOQ.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-04
Client ID: 54ASC 29
Matrix: Soil
Workgroup Number: WG333792
Collect Date: 06/02/2010 11:45
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: HAV
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/07/2010 11:37
Cal Date: 06/08/2010 19:56
Run Date: 06/09/2010 07:15
File ID: 15G22104.R
Percent Solid: 86.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	VL 1.91	0.382
Dieldrin	60-57-1		UJ	3.82	0.382
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	58.4	70	125	*	
Decachlorobiphenyl	65.1	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-04
Client ID: 54ASC 29
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 11:45
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 18:43
File ID: 15G22382.F
Percent Solid: 86.3

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.96	0.393
Dieldrin	60-57-1		U	3.93	0.393
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	72.7	70	125		
Decachlorobiphenyl	82.1	55	130		

U Not detected at or above the LOQ.

8 of 14



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-05
Client ID: 54ASC 30
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 12:00
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: HAV
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/08/2010 19:56
Run Date: 06/09/2010 15:52
File ID: 15G22115.R
Percent Solid: 87.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	1.98	0.397
Dieldrin	60-57-1		UJ	3.97	0.397
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	66.4	70	125	*	
Decachlorobiphenyl	75.8	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-05
Client ID: 54ASC 30
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 12:00
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 19:12
File ID: 15G22383.F
Percent Solid: 87.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.98	0.397
Dieldrin	60-57-1		U	3.97	0.397
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	71.1	70	125		
Decachlorobiphenyl	79.9	55	130		

U Not detected at or above the LOQ.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-06
Client ID: 54ASC 44
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 12:15
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: HAV
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/08/2010 19:56
Run Date: 06/09/2010 16:21
File ID: 15G22116.R
Percent Solid: 85.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	VL 1.87	0.375
Dieldrin	60-57-1		UJ	3.75	0.375
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	65.8	70	125	*	
Decachlorobiphenyl	74.7	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-06
Client ID: 54ASC 44
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 12:15
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 19:40
File ID: 15G22384.F
Percent Solid: 85.8

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		U	1.87	0.375
Dieldrin	60-57-1		U	3.75	0.375
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	72.1	70	125		
Decachlorobiphenyl	80.9	55	130		

U Not detected at or above the LOQ.



Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-07
Client ID: 54ATM 46
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 12:30
Sample Tag: 01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: HAV
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/08/2010 19:56
Run Date: 06/09/2010 16:49
File ID: 15G22117.R
Percent Solid: 83.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.12	0.424
Dieldrin	60-57-1		UJ	4.24	0.424
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	67.3	70	125	*	
Decachlorobiphenyl	71.4	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Report Number: L10060090

Report Date : June 24, 2010

Form I Copy

Sample Number: L10060090-07
Client ID: 54ATM 46
Matrix: Soil
Workgroup Number: WG334041
Collect Date: 06/02/2010 12:30
Sample Tag: RE01

PrePrep Method: NONE
Prep Method: 3550B
Analytical Method: 8081A
Analyst: ECL
Dilution: 1
Units: ug/kg

Instrument: HP15
Prep Date: 06/10/2010 13:53
Cal Date: 06/18/2010 20:59
Run Date: 06/19/2010 20:09
File ID: 15G22385.F
Percent Solid: 83.4

Analyte	CAS. Number	Result	Qual	LOQ	LOD
Heptachlor epoxide	1024-57-3		UJ	2.12	0.424
Dieldrin	60-57-1		UJ	4.24	0.424
Surrogate	% Recovery	Lower	Upper	Qual	
2,4,5,6-Tetrachloro-m-xylene	65.9	70	125	*	
Decachlorobiphenyl	69.1	55	130		

* Surrogate or spike compound out of range

UJ Undetected; the analyte was analyzed for, but not detected.

Shaw Environmental, Inc.
2113 Emmorton Park Road
Edgewood, Maryland
410-612-6350
FAX: 410-612-6351



MEMORANDUM

TO: Tim Leahy, Shaw E&I Radford Army Ammunition Plant (RFAAP) Project Manager

FROM: Eric Malarek, Shaw E&I Project Chemist

SUBJECT: RFAAP Data Validation – Explosives
Microbac Laboratories, Inc., SDG L10090123

DATE: October 13, 2010

The purpose of this memorandum is to present the data validation report for the samples collected for the confirmation soil samples collected at Main Manufacturing Area at RFAAP for SWMU54 Removal Action on September 02, 2010. Solid samples were analyzed for explosives using USEPA SW-846 8330B. A total of one solid sample was validated. The sample Id is:

Field Sample ID	Lab Sample ID
54ASC52E	L10090123-01

Data were reviewed by Eric Malarek and validated using a combination of project QAPP, *Quality Systems Manual for Environmental Laboratories, Final Version 4.1, April 2009* (DoD, 2009) (DoD QSM), method-specific criteria, and laboratory SOP criteria. The data qualifier scheme was consistent with the *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994). Parameters evaluated are presented in **Table 1**. Data associated with parameters in compliance with quality control specifications have not been qualified. Data associated with parameters that did not comply with quality control specifications and directly impacted project data have been qualified in accordance with USEPA Region III specifications.

Table 1 Laboratory Performance Criteria

Qualified		Parameter
Yes	No	
	X	Holding Times and Preservation
	X	Blank Analysis
	X	Initial Calibration
	X	Continuing Calibration
	X	System Monitoring Compounds
	X	Laboratory Control Sample
	X	Matrix Spike/Spike Duplicate
	X	Field Duplicate
	X	Quantitation Verification

The quality of data collected in support of this sampling activity is considered acceptable.


Eric Malarek, Chemist

10/13/10
Date

**RFAAP VALIDATION REPORT
EXPLOSIVES REVIEW
SDG L10090123**

I-Holding Times and Preservation

The objective is to ascertain the validity of results based on the holding time of the sample from time of collection to time of sample extraction and analysis. Holding time criteria: For solid samples, explosive compounds are shipped cooled ($@4^{\circ}\text{C} \pm 2^{\circ}\text{C}$) with a maximum holding time of 14 days from sample collection to preparative extraction and 40 days from preparative extraction to determinative analysis (USEPA criteria).

- Temperature Review: The temperature blank was sent with each cooler and recorded by the laboratory upon receipt. For samples collected on 09/02/10, the cooler was received by the primary laboratory (Microbac) on 09/03/10 at 1.0°C . Even though the cooler temperature was below criteria; there were no impacts for the sample analysis and no qualifiers were applied based upon this outlier.
- Holding Time Review: The solid samples were collected on 09/02/10. The samples were extracted on 09/07/10 and were analyzed on 09/09/10 for explosives. Sample collection dates may be found on the attached form 1s. All criteria were met. No qualifiers were applied.

II-Blank Analysis

The purpose of laboratory or field blank analyses is to determine the existence and magnitude of contamination problems resulting from laboratory or field activities. One method blank per analytical batch must be run on each instrument used to analyze samples. No contaminants should be present in the blanks. The DoD QSM criterion specifies all concentrations should be less than one-half MRL. Positive sample results are reported and qualified "B", if the concentration of the compound in the sample is ≤ 5 times (5x) the maximum amount for explosive target compounds. **Table 2** summarizes the blank contamination analysis. Action levels are based upon dilution factor of one and for solid matrices were converted to soil values (soil conversion factor = 10) if needed.

Table 2 Blank Contamination Analysis Summary

Analysis Date	QC Blank ID	Compound	Max Conc. mg/kg	Action Level mg/kg	B qualified samples (for this SDG)
09/08/10	WG342049-02	All target explosives $< \frac{1}{2}$ MRL	NA	NA	None

MRL = Method Reporting Limit

NA = Not Applicable

III-Initial Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. The initial 5-point calibration demonstrates that the instrument is capable of acceptable performance in the beginning of the analytical run. The DoD QSM specifies that the correlation coefficient must be ≥ 0.995 and/or the percent relative standard deviation (%RSD) must be $\leq 20\%$.

- For the explosives initial calibration performed on 05/13/10 on instrument HPLC4, all criteria were met for target explosives compounds. All target compounds were determined using linear regression with correlation coefficients ≥ 0.995 . No qualifiers were applied. Sample 54ASC52E (L10090123-01) applies to this initial calibration.

IV-Continuing Calibration

Compliance requirements for satisfactory instrument calibration are established to ensure that the instrument is capable of producing acceptable qualitative and quantitative data for the target compounds. Continuing calibration standards are analyzed after every 10 injections, and at the end of the analysis sequence. The DoD QSM specifies that the percent difference (%D) from initial calibration should be no greater than $\pm 20\%$.

- For explosives initial calibration verification performed on 05/13/10 @23:01 on instrument HPLC4, all criteria were met for target compounds. No qualifiers were applied. No soil samples reported apply to this initial verification calibration.
- For explosives continuing calibration performed on 09/08/10 @10:11 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 09/08/10 @19:03 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.
- For explosives continuing calibration performed on 09/09/10 @03:52 on instrument HPLC4, all criteria were met. No qualifiers were applied. Sample 54ASC52E (L10090123-01) applies to this continuing calibration.
- For explosives continuing calibration performed on 09/09/10 @12:02 on instrument HPLC4, all criteria were met. No qualifiers were applied. No soil samples reported apply to this continuing calibration.

V-System Monitoring Compound (Surrogates)

Laboratory performance on individual samples is established by means of spiking activities. The percent recovery (%R) for all samples and blanks must be within the laboratory control limits. DoD surrogate recovery limits are specified in Table G-3 of the DoD QSM (DoD, 2009). If the surrogate is not listed, then the laboratory criteria shall be used.

Solid Criteria: 1,2-dinitrobenzene (50-150%)

- All criteria were met. No qualifiers were applied.

VI-Laboratory Control Sample

Laboratory control samples (LCS) are used to monitor long-term accuracy of the analytical method. The analysis is performed at a frequency of 1 per analytical batch. The percent recoveries (%Rs) must be within the laboratory control limits. DoD QSM solid LCS recovery limits are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009). If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for explosives is $\leq 20\%$ RPD.

- Sample WG342049-03 was used as solid LCS for explosives analyzed on 09/08/10. All criteria were met. No qualifiers were applied. Sample 54ASC52E (L10090123-01) applies to this LCS.

VII-Matrix Spike/Matrix Spike Duplicate

Data for matrix spike/matrix spike duplicates (MS/MSD) are generated to determine long-term precision and accuracy of the analytical method on various matrices and to demonstrate acceptable compound recovery by the laboratory at the time of sample analysis. The percent recoveries (%Rs) and the relative percent difference (RPD) must be within the laboratory control limits. DoD QSM solid MS/MSD recovery limits follow the LCS criteria and are specified in Table G-2 and Table G-13 of the DoD QSM (DoD, 2009).

If the compound is not listed, then the laboratory criteria shall be used. The DoD QSM solid precision limit for explosives is $\leq 20\%$ RPD.

- No project specific solid MS/MSD was performed for the explosives analysis on 09/08-09/10 run; therefore, were not evaluated.

VIII-Field Duplicate Sample Analysis

Field duplicates were collected to identify the cumulative precision of the sampling and analytical process and sent to the laboratory blind. The RPD was calculated only for those analytes which were detected at levels exceeding the method reporting limits in both samples of the duplicate pair. Analytes that were rejected (R-qualified) in either sample of the duplicate pair were excluded from the duplicate assessment. Precision control criterion was established at 50% RPD for the solid samples.

- No soil field duplicate was analyzed for explosives with this SDG; therefore, it was not evaluated.

IX-Quantitation Verification

The accuracy of analytical results was verified through the calculation of several parameters. The calculation was based calibration factors. The absolute percent difference (%D) between the calculated and the reported value must be within 10% difference. All positive values must have less than or equal to 40% %RPD between the primary and secondary columns.

- All values >MDL and <MRL or <3*MDL (whichever was greater) were qualified as estimated "J" (if required).
- All samples were non-detect for all target compounds, no confirmations were required.

Sample: WG342049-03, 2,4,6-trinitrotoluene

$$Y = mX + b$$

Y = Area of target compound for sample

m = slope of curve

X = Amount on column

b = Y-intercept

Given:

$$m = 0.41977902$$

$$b = -0.4140067$$

$$Y = \text{Area} = 43.15367$$

$$X = 103.787$$

$$\text{Conc. } \mu\text{g/kg} = (\text{Ax} * \text{Vt} * \text{DF}) / (\text{Ws} * \text{D})$$

where: Conc. = Sample concentration in $\mu\text{g/kg}$

Ax = Amount of compound being measured (ng/mL).

Vt = Volume of total extract (mL).

W(s) = Weight of sample (g).

D = Percent dry weight (100 - % moisture in sample)/100 (Air dried =1.000)

DF = Dilution factor

$$\text{Conc. } \mu\text{g/kg} = (103.787 * 40 * 1) / (10.00 * 1.000) = 415.15 \mu\text{g/kg} = 0.415 \text{ mg/kg}$$

Reported Value = 0.415 mg/kg

% Difference = 0.0%

Values were within 10% difference

Laboratory and Data Validation Qualifiers

Qualifier	Definition
Laboratory Qualifiers¹	
No Code	Confirmed identification.
U	Undetected at the limit of detection: The associated data value is the limit of detection, adjusted by any dilution factor used in the analysis.
J	Estimated: The analyte was positively identified; the quantitation is estimation.
B	Blank contamination: The analyte was detected above one-half the reporting limit in an associated blank.
E	Identifies compounds whose concentrations exceed the upper level of the calibration range (organics) or Reported value is estimated because of the presence of interferences.
D	Indicates sample was analyzed at a dilution.
EMPC	The ion-abundance ratio between the two characteristic PCDD/PCDF ions was outside accepted ranges. The detected PCDD/PCDF was reported as an estimated maximum possible concentration (EMPC).
P	Target analyte confirmation >40% RPD for detected compound between the primary and secondary columns.
N	Non-target analyte: The analyte is a tentatively identified compound (using mass spectroscopy).
Q	One or more quality control criteria failed.
USEPA Region III Data Validation Qualifiers²	
R	Unreliable result. Analyte may or may not be present in the sample. Supporting data necessary to confirm result.
B	Not detected substantially above the level of the reported in laboratory or field blanks.
J	Analyte present. Reported value may not be accurate or precise.
UJ	Not detected, quantitation limit may be inaccurate or imprecise.
N	Tentative Identification. Consider present. Special methods may be to confirm its presence or absence in future sampling efforts.
NJ	Qualitative identification questionable due to poor resolution. Presumptively present at approximate quantity.
K	Analyte present. Reported value may be biased high. Actual value is expected to be lower.
L	Analyte present. Reported value may be biased low. Actual value is expected to be higher.
UL	Not detected, quantitation limit is probably higher.

¹The noted laboratory qualifiers are a minimum. If a laboratory has more and they are consistent with USEPA conventions and properly defined, the laboratory may use them. Data qualifiers may be combined when appropriate.

²The USEPA data validation qualifiers are referenced from *Region III Modifications to the National Functional Guidelines for Organic Data Review* (September 1994).

Report Number: L10090123

Report Date : September 17, 2010

Form I Copy

Sample Number: L10090123-01
 Client ID: 54ASC52E
 Matrix: Soil
 Workgroup Number: WG342156
 Collect Date: 09/02/2010 15:45
 Sample Tag: 01

PrePrep Method: NONE
 Prep Method: METHOD
 Analytical Method: 8330B
 Analyst: ECL
 Dilution: 1
 Units: mg/kg

Instrument: HPLC4
 Prep Date: 09/07/2010 11:00
 Cal Date: 05/13/2010 22:22
 Run Date: 09/09/2010 04:31
 File ID: 4L020005.F

Analyte	CAS. Number	Result	Qual	LOQ	LOD
1,3-Dinitrobenzene	99-65-0		U	0.242	0.0967
2,4-Dinitrotoluene	121-14-2		U	0.242	0.0967
2,6-Dinitrotoluene	606-20-2		U	0.242	0.0967
2,4,6-Trinitrotoluene	118-96-7		U	0.242	0.0967
2-Amino-4,6-dinitrotoluene	35572-78-2		U	0.242	0.0967
2-Nitrotoluene	88-72-2		U	0.242	0.0967
4-Nitrotoluene	99-99-0		U	0.242	0.0967
4-Amino-2,6-dinitrotoluene	19406-51-0		U	0.242	0.0967
RDX	121-82-4		U	0.242	0.0967
Nitroglycerin	55-63-0		U	0.242	0.0967
Surrogate	% Recovery	Lower	Upper	Qual	
1,2-Dinitrobenzene	68.8	50	150		

U Analyte was not detected. The concentration is below the reported LOD.



Appendix B-3

XRF Results

Date	Sample ID	Depth (ft.)	Pb (ppm)	Pb +/-	As	As +/-	Cu	Cu +/-	Hg
3-Feb-10	54ADE1	0-1	178	5	13	4	45	6	
3-Feb-10	54ADE2	0-1	608	10	27	7	116	8	
3-Feb-10	54ADE3	0-1	22	3		6	27	7	
3-Feb-10	54ADE4	0-1	208	6		13	33	6	
3-Feb-10	54ADE5	0-1	220	6		13	30	6	
3-Feb-10	54ADE6	0-1	41	4		8	33	8	
3-Feb-10	54ADE7	0-1	47	4		9	27	8	
3-Feb-10	54ADE8	0-1	67	4		10		21	
3-Feb-10	54ADE9	0-1	138	6		13	37	8	
3-Feb-10	54ADE10	0-1	6942	77	120	29	234	13	
3-Feb-10	54ADE11	0-1	240	8		17	32	8	
3-Feb-10	54ADE12	0-1	2127	31		51	155	12	
3-Feb-10	54ADE13	0-1	355	9	20	7	76	9	
3-Feb-10	54ADE14	0-1	2048	28		46	113	10	
3-Feb-10	54ADE15	0-1	56	4		9		22	
3-Feb-10	54ADE16	0-1	3162	38		56	182	11	
3-Feb-10	54ADE17	0-1	549	11		24	98	9	
3-Feb-10	54ADE18	0-1	1268	20	80	13	192	12	
3-Feb-10	54ADE19	0-1	2072	29	54	16	87	10	
3-Feb-10	54ADE20	0-1	26	3		7	27	7	
3-Feb-10	54ADE21	0-1	27	3		7	26	7	
3-Feb-10	54ADE22	0-1	2402	31	79	17	150	11	
3-Feb-10	54ADE22b	0-1	3611	44		62	187	12	
3-Feb-10	54ADE23	0-1	143	6	17	5		22	
3-Feb-10	54ADE24	0-1	1392	22		41	128	11	
3-Feb-10	54ADE24b	0-1	585	12		25	72	9	
3-Feb-10	54ADE25	0-1	60	4	15	3	25	8	
3-Feb-10	54ADE26	0-1	665	13	37	9	57	9	
3-Feb-10	54ADE26b	0-1	2490	33		53	155	11	
3-Feb-10	54ADE26c	0-1	1045	17		33	65	9	
3-Feb-10	54ADE26d	0-1	1930	27	46	15	235	12	
3-Feb-10	54ADE26e	0-1	337	8	30	6	56	8	
3-Feb-10	54ADE27	0-1	1207	19		36	129	10	
3-Feb-10	54ADE27b	0-1	247	7		16	43	8	
3-Feb-10	54ADE28	0-1	58	5		11		26	
3-Feb-10	54ADE29	0-1	246	8		17	69	9	
3-Feb-10	54ADE30	0-1	554	21		43		46	
3-Feb-10	54ADE30b	0-1	62	5		10		24	
3-Feb-10	54ADE31	0-1	986	16	44	11	184	11	
3-Feb-10	54ADE31b	0-1	196	7		15	48	8	
3-Feb-10	54ADE32	0-1	1228	19		35	55	8	
3-Feb-10	54ADE32b	0-1	3577	43	80	21	185	12	
3-Feb-10	54ADE32c	0-1	835	16	59	11	57	9	
3-Feb-10	54ADE32d	0-1	1653	28		50	192	14	
3-Feb-10	54ADE32e	0-1	30	3		8	29	7	
3-Feb-10	54ADE33	0-1	78	5		11	27	8	

3-Feb-10	54ADE34	0-1	49	4	9	25	7	
3-Feb-10	54ADE36	0-1	275	8	16	34	7	
4-May-10	54BDE37	4 ft bgs	44	5	14		13	
4-May-10	54BDE38	4 ft bgs	16	4	12		14	35
4-May-10	54BDE39	4 ft bgs	20	5	14		15	
4-May-10	54BDE40	4 ft bgs	70	6	17		14	34
4-May-10	54BDE41	4 ft bgs	2003	33	76		23	278
4-May-10	54BDE42	4 ft bgs	27	5	14		15	
4-May-10	54BDE41b	4 ft bgs	1183	22	56		19	191
4-May-10	54BDE43	4 ft bgs	32	5	15		14	33
4-May-10	54BDE44	4 ft bgs	14	4	12		13	
4-May-10	54BDE45	4 ft bgs	12	4	12		12	
4-May-10	54BDE46	6 ft bgs	0	12	12		13	
4-May-10	54BDE47	6 ft bgs	1296	22	54		19	157
4-May-10	54BDE48	6 ft bgs	938	18	47		19	256
4-May-10	54BDE49	6 ft bgs	2968	42	84		24	143
4-May-10	54BDE50	6 ft bgs	0	15	14		15	
4-May-10	54BDE51	6 ft bgs	28	5	13		13	
4-May-10	54BDE52	6 ft bgs	1199	21	54		19	157
4-May-10	54BDE53	4 ft bgs	2709	41	87		27	348
4-May-10	54BDE54	4 ft bgs	2467	37	79		25	402
4-May-10	54BDE55	4 ft bgs	112	7	21		15	38
4-May-10	54BDE56	4 ft bgs	1876	29	68		22	250
4-May-10	54BDE57	6 ft bgs	2611	39	82		24	294
4-May-10	54BDE41b	4 ft bgs	1210	21	55		20	170
4-May-10	54BDE58	4 ft bgs	62	5	16		14	31
4-May-10	54BDE59	4 ft bgs	135	7	21		14	42
4-May-10	54BDE60	4 ft bgs	293	9	28		15	55
4-May-10	54BDE61	4 ft bgs	0	12	12		13	
4-May-10	54BDE62	4 ft bgs	217	8	25		14	40
4-May-10	54BDE63	3 ft bgs	1374	21	53	26	7	293
4-May-10	54BDE64	2 ft bgs	160	7	21		12	
4-May-10	54BDE65	2 ft bgs	1164	21	53		17	208
4-May-10	54BDE66	4 ft bgs	24	5	13	16	5	40
5-May-10	54BDE66	4 ft bgs	884	17	46		17	106
5-May-10	54BDE67	2 ft bgs	311	9	28		14	70
6-May-10	54BDE68	3 ft bgs	428	11	32		14	98
6-May-10	54BDE69	2 ft bgs	710	14	39		15	154
6-May-10	54BDE70	2 ft bgs	909	17	45		18	164
6-May-10	54BDE71	7 ft bgs	20	4	12		12	31
6-May-10	54BDE72	4ft bgs	1290	22	55		20	271
6-May-10	54BDE73	4 ft bgs	36	4	14		12	

Hg +/-	Ni	Ni +/-	Zn	Zn +/-	Fe	Fe +/-	Cr	Cr +/-	Cd
	9	66	14	165	6	28764	257		95
	11	56	15	582	12	31530	293		102
	9	64	16	96	5	34297	323		100
	10		42	128	6	30861	277		94
	9	61	15	175	6	31261	281		99
	12	99	18	82	6	30851	334		116
	12		54	74	6	27436	322		115
	10		50	83	6	25920	283		110
	11		50	111	6	25519	285		113
	26		56	983	20	28608	331		131
	12		53	131	7	27167	317		118
	19		59	422	13	36652	435		132
	13		53	336	11	35753	386		123
	17		53	498	13	29654	332		119
	11		51	137	7	24920	287		113
	19		53	864	18	26726	298		123
	12	66	18	425	12	29847	329		116
	16		61	661	16	46045	506		138
	17		55	645	16	28853	334		121
	11	69	17	77	5	28399	308		111
	11	59	17	79	6	23318	269		112
	18		55	662	16	32466	363		132
	20	82	20	982	20	30751	351	841	61
	12	56	18	145	7	30076	331		120
	16		55	449	13	32743	386		130
	12		55	552	14	37129	404		130
	11	91	18	97	6	29177	327		118
	12	55	18	400	12	31781	354		121
	19		55	837	18	30204	348	151	45
	14	56	17	256	9	25689	288		113
	16	88	19	771	17	33213	373	153	45
	13	119	18	340	10	27353	295		108
	14		54	485	13	31304	349		125
	11		50	148	7	27095	297		112
	13		56	105	7	21460	299		118
	12	57	18	238	9	28447	318		116
	23		89	302	18	31980	660		217
	11		55	138	8	24836	309		121
	16	73	18	3555	45	26546	293	221	43
	12		54	290	10	31506	349		118
	15		53	330	10	31563	346		112
	20		55	1260	23	31714	359	831	61
	14		59	406	13	34440	414		135
	21		67	1089	25	35469	465	447	63
	12		51	93	6	27812	309		109
	11	63	18	95	6	27541	319		117

12	55	17	101	6	28408	315		116
10		46	110	6	17390	202		96
25		50	84	6	29401	355		104
9		54	72	6	38090	460	148	40
30		63	78	7	47148	627		133
9		50	119	7	25693	329		105
16		56	866	21	31549	425	229	46
27		54	93	7	39034	474		116
13		57	628	17	38362	478	161	42
10		55	105	7	34630	447		111
25		50	73	6	30701	372		98
25		48	70	6	28423	343		106
27		51	67	6	35985	447		115
12		51	620	16	33592	395	133	38
14		19	917	20	38592	450		111
12		54	693	17	29429	370		118
31		60	88	8	33581	503		128
26		55	90	6	38450	459		114
12		54	772	18	35352	422		114
17	60	64	1538	30	44518	563	468	55
17		57	1706	31	35778	448	264	47
10		55	288	11	32205	417		111
14		54	1154	23	38796	464	686	56
16		57	1837	33	34881	444	213	45
12		54	978	21	38067	457	475	50
9		51	133	7	33752	404		111
9		51	232	10	29134	368		116
10		51	183	9	30778	378		113
26		54	76	6	36091	433		114
9		53	159	8	37562	445		105
13		43	1420	24	21009	247	347	38
26		50	142	8	30248	367		106
13		53	437	13	36402	435		110
9		54	131	8	36852	446		109
11		50	395	12	30321	366	189	39
9		47	206	9	26900	323		98
10		42	209	9	18861	234		93
11		43	1051	20	23218	274	398	41
12		49	543	14	28753	345	274	41
8		48	55	5	28501	337		96
14		59	1126	23	52808	621	132	43
25		49	92	6	30349	368		105

Cd +/-	Sb	Sb +/-	Sn	Sn +/-	Ag	Ag +/-	Ba	Ba +/-	Co	
32			59	54	18		28	699	129	199
33			63		56		29	789	133	205
34			64		57		30	871	142	175
32			61		54		28	569	129	220
32			60		53		28	536	126	291
39			72		65		34	579	155	
41			78		70		36	555	159	
38			71		64		33	596	150	277
39			73		65		34	559	153	283
40			76		68		36	645	168	231
41			75		68		36		481	221
43			78		70		38		493	
39			74		66		35	573	164	245
40			74		66		35	650	157	324
40			75		66		35	532	156	199
38	144		24		64		34	552	154	
39			73		65		35		456	
41			78	73	23		36		530	408
40			76		68		36		473	
39			73		66	41	11	590	154	210
40			74		66		35	630	153	179
40			76		68		35	861	170	204
40			76		67		36		503	237
39			74		66		35		461	215
42			78		70		37		497	
40			75		67		35	762	168	255
40			75	73	22		35		459	220
40			76		67		35		466	
41			76		68		36		489	
39			73		65		34	562	153	248
40			76		68		36	575	177	
38			72		64		33	509	149	190
40			75		67		35		476	271
38			71		64		34	923	155	292
46			87		77		41		501	
39			74		67		35	792	157	294
72		130			118		65		841	
43			80		71		38	568	158	
39			73	621	24		34		461	262
40			75		67		35		460	270
39			74		66		35		445	
40			76		68		36	620	177	
44			80		72		38		521	
48			90		80		42	758	207	328
39			72		65		34		448	211
41			76		68		36	571	160	

39	74	66	38	12	609	153	257
37	70	62		33		386	262
42	74	67		31	570	131	331
43	77	69		32	441	139	251
49	87	78		36		469	
43	76	80		33	440	129	219
47	84	83		35	635	145	264
43	77	69		33	596	142	540
44	77	70		33		414	
45	80	72		34	509	145	266
42	74	67		32	386	128	290
41	73	66		31	492	138	221
43	76	69		33	551	138	394
41	73	71		31	478	126	375
42	74	67		31	388	126	416
43	77	70		33	525	142	223
51	87	78		39		470	
42	75	68		32	535	137	393
41	73	66		31	490	129	221
46	81	73		34	613	161	289
44	79	276		33	924	153	
45	80	72		34	645	143	310
43	84	25		32	562	144	
45	79	199		34	524	141	
42	75	148		32	554	139	227
42	74	67		32	852	138	310
44	78	71		33	713	140	220
43	75	68		32	609	134	373
42	76	69		32	416	132	284
42	74	67		32	399	132	
37	64	58		28		295	
42	73	66		31	402	130	
42	203	26	109	32		394	287
42	76	68		32	412	134	278
42	76	67		31		384	235
41	72	65		31		358	275
39	69	62		30		307	184
39	67	61		29		321	
41	72	66		31	457	125	316
41	72	65		31	385	118	204
43	76	69		32		419	580
42	75	67		31		374	337

Co +/-	Mn	Mn +/-	Mo	Mo +/-	Rb	Rb +/-	Se	Se +/-	Sr
	49	437	32		7	59	2		3 115
	54	661	37		7	46	2		4 83
	57	446	35		7	63	2		3 102
	51	578	35		7	57	2		3 101
	52	513	34		7	60	2		3 108
	184	819	46		8	64	2		3 56
	187	535	43		9	51	2		4 88
	57	493	38		8	60	2		3 97
	57	526	39		9	65	2		4 117
	64	655	46		9	32	2	11	88
	62	480	41		9	55	2	4	100
	225	898	54		9	37	2	7	62
	68	644	45		9	53	2	4	64
	63	542	42		8	43	2	6	85
	58	484	40		9	58	2	3	108
	175	542	41		8	35	2	7	86
	185	546	42		8	49	2	4	88
	81	625	49		9	60	2	5	93
	189	604	44		9	40	2	6	83
	59	580	41		8	59	2	3	90
	55	456	38		8	55	2	3	101
	66	866	49		9	42	2	6	94
	65	750	49	15	3	41	2	8	90
	62	512	41		8	51	2	4	98
	206	501	45		9	46	2	6	96
	70	793	49		8	49	2	4	70
	62	458	40		9	51	2	3	90
	194	434	41		9	59	2	4	104
	195	579	45		9	46	2	7	94
	58	506	39		9	55	2	5	108
	199	832	49		9	35	2	6	93
	57	721	43		8	57	2	4	102
	65	797	47		9	48	2	5	84
	58	598	41		8	59	2	3	100
	187	529	46		10	43	2	3	90
	61	724	45		9	68	2	4	100
	338	562	77		16	46	4	6	82
	184	595	45		10	56	2	3	101
	58	598	42		8	37	2	5	71
	65	905	49		9	48	2	4	103
	190	791	46		9	47	2	5	94
	197	708	48		9	36	2	8	92
	219	567	48		9	60	2	5	99
	83	1146	65		10	41	2	7	94
	60	600	42		8	59	2	3	105
	183	365	39		9	52	2	3	100

61	572	42		9	64	2	3	115
47	415	34		8	37	2	4	79
65	407	37		9	54	2	4	100
75	491	42		9	61	3	5	114
280	579	51		11	73	3	5	71
63	730	45		10	67	3	5	112
75	722	50		11	45	3	9	119
79	660	46		10	78	3	5	125
232	891	52		10	58	3	7	120
76	625	46		10	64	3	5	99
67	495	39		9	63	3	4	111
63	484	38		9	63	3	4	112
76	444	41		10	59	3	5	107
69	623	42		9	50	2	7	108
75	916	49	10	3	54	2	7	113
67	497	41		10	38	2	10	115
258	793	57		12	74	3	5	112
76	638	45		9	71	3	5	119
71	754	46		9	55	3	8	111
87	668	51	10	3	55	3	11	119
224	982	54		10	48	3	10	105
73	847	50		11	56	3	5	117
225	1408	60		9	41	2	9	99
223	837	51		10	45	3	10	97
75	897	51		10	52	3	7	104
70	640	43		9	62	3	5	121
67	401	39		10	80	3	5	121
69	705	45		10	70	3	5	147
73	499	41		9	69	3	5	110
218	613	43		9	65	3	5	120
151	392	33	9	3	22	2	7	119
196	958	49		9	70	3	5	117
73	901	49		9	47	2	7	104
74	1121	54		10	90	3	5	135
66	674	43		9	55	2	6	81
61	724	42		9	59	2	5	106
50	511	35		9	36	2	5	88
162	544	37	16	3	30	2	6	84
64	679	43		9	53	2	7	111
62	392	35		9	57	2	5	115
91	1175	58		10	49	3	8	106
67	602	42		9	59	2	4	53

Sr +/-	Ti	Ti +/-	Zr	Zr +/-		
	2	7975	375	395	4	2.9
	2	5548	363	312	4	1.7
	2	6966	398	324	4	12.5
	2	7914	377	300	4	2.7
	2	6623	359	367	4	2.6
	2	7335	446	406	6	8.8
	3	6735	458	370	6	8.6
	3	7653	439	436	6	6.2
	3	7773	448	408	6	4.1
	3	5791	458	343	5	1.1
	3	7977	474	463	6	3.2
	2	6582	474	293	5	1.5
	2	8676	482	359	5	2.5
	3	5786	435	271	4	1.3
	3	8041	462	345	5	7.4
	3	6074	428	314	5	1.2
	3	6912	439	320	5	2.1
	3	7946	504	314	5	1.6
	3	7254	460	282	5	1.4
	2	8017	451	306	5	12.3
	3	7125	443	331	5	12.3
	3	6712	471	385	6	1.3
	3	7045	467	345	5	1.2
	3	7440	447	286	5	4.1
	3	7052	478	288	5	1.6
	2	7373	473	248	4	2.1
	3	7008	443	341	5	7
	3	6656	445	340	5	2
	3	6824	463	297	5	1.3
	3	6956	439	422	6	1.6
	3	10755	533	395	6	1.4
	3	7433	434	412	5	2.5
	3	7516	461	391	6	1.6
	3	6143	430	346	5	3
	3	5789	480	300	6	8.3
	3	5889	434	363	5	3.1
	5	7312	811	353	10	3.8
	3	4868	436	457	7	7.4
	2	6991	437	300	5	1.6
	3	7053	445	345	5	3.5
	3	7320	439	393	6	1.5
	3	7770	490	254	4	1.2
	3	7777	506	293	5	2
	3	7647	578	285	5	1.7
	3	8070	449	329	5	11.3
	3	7250	462	375	6	6

3	6476	435	436	6	8
2	5382	371	326	5	2.7
3	9069	476	415	6	
3	10172	514	296	5	
3	10505	582	328	6	
3	8073	467	413	7	
4	6400	489	427	7	
4	9241	508	410	7	
4	8372	494	426	7	
3	9524	529	402	7	
3	9017	473	274	5	
3	12650	533	376	6	
3	8139	488	278	5	
3	7355	443	398	6	
3	7064	440	378	6	
3	10465	523	412	7	
4	10358	604	484	9	
3	9083	493	365	6	
3	7333	452	409	6	
4	11061	580	331	6	
3	8840	527	414	7	
4	8349	507	559	8	
3	9414	507	299	5	
3	7636	492	369	6	
3	8291	484	388	6	
3	8015	477	346	6	
3	8552	495	443	7	
4	8055	472	386	6	
3	8674	477	372	6	
3	9167	482	361	6	
3	4356	331	171	4	
3	9416	481	398	6	
3	9329	485	413	6	
4	8915	487	474	7	
3	9091	471	381	6	
3	8612	444	454	7	
3	5059	356	233	4	
3	6129	377	288	5	
3	7398	438	426	6	
3	7073	420	285	5	
3	8019	489	360	6	
2	8750	462	362	6	

LiveTime	Date	Time	Reading	Pass/Fail	field2	Pb	Pb +/-	As
42.84	3-Feb-10	9:30:59	1	-0.0241				
58.8	3-Feb-10	9:33:29	2		blank	<LOD	5.28	<LOD
72.14	3-Feb-10	9:35:31	3		xrf101	96.4	3.48	<LOD
74.27	3-Feb-10	9:37:57	4		xrf250	273.6	6.03	<LOD
74.47	3-Feb-10	9:40:05	5		xrf500	485.03	10.15	444.7471
71.32	3-Feb-10	9:42:59	6		de1	177.74	5.15	13.04893
72.84	3-Feb-10	10:08:03	7		de2	608.43	10.3	27.21637
73.24	3-Feb-10	10:10:12	8		de3	22.29	2.78	<LOD
71.75	3-Feb-10	10:14:55	9		de4	207.94	5.64	<LOD
73.12	3-Feb-10	10:25:10	10		de5	219.91	5.79	<LOD
47.24	3-Feb-10	10:27:46	11		de6	41.29	3.65	<LOD
47.88	3-Feb-10	10:32:28	12		de7	47.13	4.04	<LOD
48.78	3-Feb-10	10:35:46	13		de8	66.67	4.15	<LOD
48.6	3-Feb-10	10:39:02	14		de9	138.29	5.65	<LOD
45.68	3-Feb-10	10:42:00	15		de10	6942.28	76.72	119.5451
48.49	3-Feb-10	10:45:07	16		de11	240.48	7.69	<LOD
48.41	3-Feb-10	10:47:27	17		de12	2126.82	30.86	<LOD
49.14	3-Feb-10	10:50:01	18		de13	355.37	9.06	20.18345
47.12	3-Feb-10	10:54:41	19		de14	2048.01	27.55	<LOD
48.1	3-Feb-10	10:57:43	20		de15	55.78	4.1	<LOD
47.31	3-Feb-10	11:02:31	21		de16	3162	37.69	<LOD
47.38	3-Feb-10	11:05:25	22		de17	548.53	11.46	<LOD
47.49	3-Feb-10	11:08:23	23		de18	1268.38	20.35	79.77882
48.59	3-Feb-10	11:11:06	24		de19	2071.61	28.6	54.33429
47.23	3-Feb-10	11:13:21	25		de20	25.86	3.19	<LOD
48.11	3-Feb-10	11:16:10	26		de21	26.95	3.31	<LOD
47.06	3-Feb-10	11:18:12	27		de22	2402.35	31.4	78.50971
46.78	3-Feb-10	11:20:14	28		de22b	3611.12	43.83	<LOD
47.2	3-Feb-10	11:22:39	29		de23	143.17	5.8	17.0938
48.55	3-Feb-10	11:27:36	30		de24	1392.27	22.31	<LOD
47.2	3-Feb-10	11:29:44	31		de24 b	584.95	12.08	<LOD
47.68	3-Feb-10	11:32:22	32		de25	60.06	4.19	15.23008
47.49	3-Feb-10	11:35:14	33		de26	665.37	13.09	36.87026
47.64	3-Feb-10	11:37:31	34		de26b	2489.79	32.96	<LOD
46.98	3-Feb-10	11:40:46	35		de26c	1044.72	16.91	<LOD
47.17	3-Feb-10	11:43:09	36		de26d	1929.82	26.87	46.27559
46.63	3-Feb-10	11:46:36	37		de26e	337.3	8.49	30.26573
47.09	3-Feb-10	11:50:27	38		de27	1207.4	19.06	<LOD
47.92	3-Feb-10	11:53:11	39		de27b	246.85	7.32	<LOD
52.28	3-Feb-10	11:56:08	40		de28	58.26	4.85	<LOD
47.72	3-Feb-10	11:58:59	41		de29	245.88	7.52	<LOD
54.25	3-Feb-10	12:02:23	42		de30	553.66	21.1	<LOD
49.42	3-Feb-10	12:04:39	43		de30b	61.65	4.56	<LOD
46.33	3-Feb-10	12:08:25	44		de31	985.91	16.14	43.81622
47.41	3-Feb-10	12:10:44	45		de31b	196.06	6.77	<LOD
46.72	3-Feb-10	12:13:23	46		de32	1227.84	18.96	<LOD

46.35	3-Feb-10	12:15:51	47	de32b	3577.38	43.33	80.42573
49.22	3-Feb-10	12:18:31	48	de32c	834.87	16.34	59.27416
33.53	3-Feb-10	12:21:06	49	de32d	1653.41	28.3	<LOD
47.8	3-Feb-10	12:22:18	50	de32e	29.61	3.36	<LOD
48.46	3-Feb-10	12:26:00	51	de33	77.69	4.7	<LOD
47.36	3-Feb-10	12:30:08	52	de34	48.52	3.87	<LOD
47.13	3-Feb-10	12:33:01	53	de36	274.78	7.53	<LOD
35.19	3-Feb-10	12:35:04	54	-0.0228 blank			

As +/-	Cu	Cu +/-	Hg	Hg +/-	Ni	Ni +/-	Zn	Zn +/-	Fe
3.898084	<LOD	15.79942	<LOD	7.41348	<LOD	32.17123	<LOD	6.419193	333.4737
7.903042	<LOD	13.65169	13.02508	2.911376	<LOD	27.33582	<LOD	6.145092	<LOD
13.29881	21.11087	5.462447	<LOD	8.675856	<LOD	32.99599	14.45735	2.829531	6541.38
9.863625	<LOD	19.45059	468.5443	12.25933	<LOD	46.76422	19.39182	3.946193	34533.04
3.942589	45.19915	6.466551	<LOD	9.425703	66.10502	14.18997	164.5793	6.093621	28763.94
7.224391	115.9941	8.171331	<LOD	10.52337	56.34378	15.06523	582.209	11.87338	31529.58
6.245906	27.20412	6.612223	<LOD	9.241123	64.05054	15.57231	96.1356	5.28548	34297.2
12.653	33.34813	6.291978	<LOD	9.606306	<LOD	42.4688	128.2521	5.567186	30860.75
12.85069	29.7659	6.282952	<LOD	9.494352	60.75314	14.63897	174.5298	6.330014	31260.86
8.305347	32.76246	7.612054	<LOD	11.65107	98.61872	17.85189	81.64106	5.662565	30851.05
9.07134	26.98108	7.883885	<LOD	11.93632	<LOD	54.13361	74.0687	5.81397	27436
9.524073	<LOD	21.27099	<LOD	9.856973	<LOD	49.93295	82.51851	5.543091	25919.59
12.80646	37.00206	7.63343	<LOD	11.37953	<LOD	50.34443	111.0645	6.33921	25519.09
29.13729	234.3645	12.98152	<LOD	26.03844	<LOD	56.39796	982.7311	19.94432	28608.36
17.09565	32.27183	7.98412	<LOD	12.02861	<LOD	53.38686	130.6314	7.139091	27167.29
50.87818	155.3959	11.6102	<LOD	18.53567	<LOD	59.10337	421.588	13.16238	36651.55
6.686588	76.39839	8.769095	<LOD	13.0801	<LOD	53.38675	335.944	10.57401	35753.37
46.3827	113.4927	9.81855	<LOD	17.27783	<LOD	53.05137	497.7513	13.13253	29653.64
9.351257	<LOD	21.80379	<LOD	11.48506	<LOD	51.37292	137.1489	7.041418	24919.78
56.35469	181.6286	11.08365	<LOD	18.97832	<LOD	52.62993	864.2315	17.51472	26725.64
24.34423	98.40501	9.235762	<LOD	12.08169	65.54678	17.68195	425.1256	11.87908	29846.98
12.9652	192.3691	11.82195	<LOD	15.90043	<LOD	60.9408	660.8247	15.90045	46045.18
16.05447	86.80473	9.599677	<LOD	17.15988	<LOD	54.61705	645.4079	15.51156	28852.61
7.046845	27.47997	7.355932	<LOD	10.62814	68.94756	17.21317	76.58251	5.463196	28399.28
7.353706	25.8444	7.464425	<LOD	11.25452	58.61903	16.97618	79.26672	5.665648	23317.59
17.04893	150.0352	10.78244	<LOD	17.92653	<LOD	54.99849	661.8052	15.51894	32465.57
62.38684	187.2394	11.83114	<LOD	20.06451	81.75504	19.53064	982.0829	19.73024	30751.06
4.536651	<LOD	21.93716	<LOD	12.03926	55.76838	17.52523	145.0782	7.118695	30076.07
40.54986	127.5416	10.67761	<LOD	16.19037	<LOD	54.94502	449.4119	13.26558	32742.67
25.4643	72.0163	8.839453	<LOD	12.48674	<LOD	54.84222	552.1472	13.81188	37129.34
3.391475	25.29248	7.623009	<LOD	11.00857	90.51577	18.25843	96.96188	6.15502	29176.66
9.145524	56.70838	8.54496	<LOD	12.49773	54.936	18.10342	400.1452	11.7157	31780.98
52.59248	154.8526	11.09602	<LOD	19.10684	<LOD	55.20067	836.5667	18.07404	30204.41
32.68934	65.31331	8.514712	<LOD	13.61217	55.92173	17.32731	255.5306	9.201947	25689.31
15.33857	235.3525	12.42059	<LOD	16.47032	87.64238	19.08744	770.7158	17.05384	33212.5
6.391191	55.9904	8.102049	<LOD	12.80513	119.1579	17.82716	339.9008	10.23348	27353.46
36.02673	129.3882	10.12584	<LOD	14.32863	<LOD	54.16461	485.3177	13.00127	31304.18
16.14394	42.667	7.682524	<LOD	11.28215	<LOD	49.75085	148.4633	7.067561	27094.92
11.28265	<LOD	25.84658	<LOD	13.08961	<LOD	55.91641	105.3165	7.441466	21460.03
16.88684	69.04307	8.596972	<LOD	12.39477	57.19784	17.72936	238.1589	8.97906	28447.05
43.28774	<LOD	45.92097	<LOD	22.72482	<LOD	88.742	301.6483	18.30635	31979.97
10.49001	<LOD	23.87069	<LOD	11.38435	<LOD	54.74742	138.0678	7.61432	24836.46
10.64689	184.4082	11.18738	<LOD	15.95254	73.23412	17.95692	3554.754	44.57209	26545.67
15.12963	47.8748	8.165258	<LOD	12.35546	<LOD	53.62698	290.1958	9.883359	31506.14
35.11694	54.77208	8.382846	<LOD	14.82824	<LOD	52.78099	330.3457	10.48083	31563.06

20.83194	185.303	11.69762	<LOD	20.43509	<LOD	54.71768	1260.465	22.86933	31714.32
11.16564	56.68215	9.34757	<LOD	14.04914	<LOD	59.37434	406.2412	12.83481	34440.02
49.67183	192.3309	13.69071	<LOD	20.63553	<LOD	66.99052	1088.712	24.55061	35469.09
7.501464	29.35379	7.482208	<LOD	11.50748	<LOD	50.95074	93.3037	5.971129	27812.12
10.60636	27.08912	7.800346	<LOD	11.23147	62.993	17.8289	95.03103	6.262295	27541.46
9.05196	24.7442	7.466912	<LOD	11.8494	54.89103	17.4374	100.6463	6.166415	28407.8
15.95925	34.10574	7.203614	<LOD	9.543953	<LOD	45.95246	109.806	6.074111	17390.43

Fe +/-	Cr	Cr +/-	Cd	Cd +/-	Sb	Sb +/-	Sn	Sn +/-	Ag
18.66823	<LOD	58.96513	<LOD	31.33466	<LOD	58.44171	<LOD	52.38675	<LOD
30.84854	101.4673	20.1842	119.9016	9.650928	<LOD	50.5354	<LOD	45.614	111.7371
79.78865	<LOD	72.65137	<LOD	29.20642	<LOD	52.25089	<LOD	47.27532	<LOD
320.3849	534.4803	44.78722	482.7179	12.75704	132.299	19.77446	60.60756	17.94658	416.6393
257.2882	<LOD	94.64578	<LOD	31.62329	<LOD	59.25803	54.2745	17.79295	<LOD
292.5927	<LOD	102.4479	<LOD	33.23028	<LOD	62.72234	<LOD	56.08456	<LOD
323.1076	<LOD	99.72073	<LOD	33.97732	<LOD	64.03668	<LOD	57.41065	<LOD
277.4755	<LOD	94.34877	<LOD	32.16516	<LOD	60.6753	<LOD	53.70915	<LOD
280.6436	<LOD	98.95345	<LOD	31.98679	<LOD	59.88902	<LOD	53.44194	<LOD
334.0247	<LOD	116.2395	<LOD	38.85154	<LOD	72.4921	<LOD	64.80183	<LOD
322.3706	<LOD	115.3681	<LOD	41.20634	<LOD	78.26654	<LOD	69.8049	<LOD
282.9382	<LOD	110.1053	<LOD	38.04647	<LOD	71.30083	<LOD	63.70377	<LOD
284.5714	<LOD	112.8449	<LOD	38.74822	<LOD	72.71305	<LOD	65.0437	<LOD
331.1204	<LOD	130.8175	<LOD	40.40467	<LOD	75.51313	<LOD	67.57545	<LOD
316.9327	<LOD	118.2993	<LOD	40.6156	<LOD	75.36949	<LOD	67.87174	<LOD
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386.0711	<LOD	123.1295	<LOD	39.46045	<LOD	74.14497	<LOD	66.10642	<LOD
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505.9456	<LOD	138.1171	<LOD	41.1176	<LOD	77.70198	73.13502	23.15315	<LOD
333.9348	<LOD	120.5031	<LOD	40.43583	<LOD	75.80511	<LOD	67.89027	<LOD
308.4102	<LOD	111.0883	<LOD	38.70595	<LOD	73.06966	<LOD	65.51283	40.8321
268.718	<LOD	111.6551	<LOD	39.70884	<LOD	74.32205	<LOD	66.34097	<LOD
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385.9877	<LOD	129.8663	<LOD	41.98233	<LOD	78.22427	<LOD	69.5053	<LOD
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326.6216	<LOD	118.1864	<LOD	39.96021	<LOD	74.9633	72.71895	22.21948	<LOD
354.3036	<LOD	121.0058	<LOD	40.04169	<LOD	75.56633	<LOD	67.15597	<LOD
348.282	150.8281	44.84167	<LOD	40.70738	<LOD	76.38683	<LOD	67.87145	<LOD
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295.4753	<LOD	107.6971	<LOD	37.87971	<LOD	71.89352	<LOD	64.07538	<LOD
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345.6903	<LOD	111.9621	<LOD	39.29509	<LOD	73.73218	<LOD	65.53857	<LOD

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201.683 <LOD		96.10194 <LOD	37.24281 <LOD	69.69108 <LOD	62.33596 <LOD

Ag +/-	Ba	Ba +/-	Co	Co +/-	Mn	Mn +/-	Mo	Mo +/-	Rb
27.60611	<LOD	212.3094	<LOD	24.30856	<LOD	37.13911	<LOD	6.15542	<LOD
8.47588	<LOD	187.0612	<LOD	18.51716	<LOD	32.7558	<LOD	5.531992	<LOD
26.07277	<LOD	286.9785	<LOD	69.05281	<LOD	45.25654	<LOD	6.841793	16.43869
11.32541	<LOD	424.5271	379.7107	57.58488	<LOD	87.4083	<LOD	7.140193	22.70449
27.92398	699.4401	129.3438	198.536	48.92781	436.757	31.65063	<LOD	6.935064	59.18705
29.26682	788.5765	133.3238	205.3909	53.65383	660.8601	37.35799	<LOD	7.158106	46.30722
30.1043	871.049	141.6363	175.2507	57.03796	445.7619	35.38251	<LOD	7.285448	63.1484
28.2459	568.6338	129.1982	219.6848	51.4394	577.5475	34.61851	<LOD	6.856214	57.25618
28.33379	535.8876	126.2804	291.002	52.14039	513.4947	33.86503	<LOD	6.937673	60.14095
34.03024	578.6766	154.6091	<LOD	184.0319	819.357	45.97002	<LOD	8.397749	64.03609
36.35048	554.8288	159.33	<LOD	186.7486	535.4545	42.60436	<LOD	8.800417	51.12403
33.45716	595.7755	150.4866	276.9124	56.61098	492.8186	38.25609	<LOD	8.293756	59.76189
34.04604	559.0592	152.8091	283.0376	57.29899	525.7625	39.4985	<LOD	8.505847	65.31755
35.83083	644.7896	168.399	230.6962	63.61723	655.0762	45.67091	<LOD	8.844246	32.04683
35.87922	<LOD	480.8868	220.852	61.71802	479.6844	41.15517	<LOD	9.035794	55.15665
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34.96791	649.8922	157.3336	323.5317	63.38303	541.7628	42.12648	<LOD	8.388502	42.56336
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34.5437	<LOD	456.3078	<LOD	184.8	545.6545	41.5498	<LOD	8.349968	48.89501
36.39097	<LOD	529.8788	407.5159	81.00287	625.2947	49.48442	<LOD	8.847517	59.52245
35.80672	<LOD	473.2211	<LOD	189.3349	603.5006	44.17541	<LOD	8.634061	40.48334
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34.81798	629.6899	153.09	179.4155	55.16103	456.2163	38.17833	<LOD	8.482433	55.43384
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35.66069	<LOD	502.9686	237.1236	65.4128	750.4366	49.02971	15.11071	3.042615	41.06342
34.55566	<LOD	460.7253	215.2216	62.04623	511.5133	40.98217	<LOD	8.358202	50.58289
37.02142	<LOD	496.5286	<LOD	206.2511	501.0545	44.86036	<LOD	9.111321	46.4018
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35.09339	<LOD	458.7672	220.162	61.97261	458.2484	40.17679	<LOD	8.53157	51.20216
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36.12494	<LOD	489.4221	<LOD	194.7327	579.4597	44.62983	<LOD	8.766851	45.80988
34.20065	562.4106	152.6201	248.1604	57.65614	506.0811	39.47614	<LOD	8.570303	55.11063
35.64174	575.4792	177.1817	<LOD	198.9407	831.5242	49.29388	<LOD	8.736667	35.43842
33.42798	509.4553	148.8215	189.6313	57.37258	721.0061	42.55314	<LOD	8.292227	57.42228
35.23779	<LOD	475.9518	270.8756	64.8707	797.24	47.30959	<LOD	8.776913	48.05553
33.72545	923.0378	155.4468	292.4347	58.46867	597.908	40.94282	<LOD	8.295315	58.95608
40.91844	<LOD	500.6623	<LOD	186.6271	528.9018	45.82176	<LOD	9.905305	43.23991
34.75637	791.9006	156.977	294.4082	61.43705	723.5051	44.63063	<LOD	8.521347	67.53339
64.98813	<LOD	840.9343	<LOD	337.8888	562.3569	76.85996	<LOD	16.41423	45.59024
37.78347	568.2299	158.455	<LOD	184.2464	594.783	44.77961	<LOD	9.533424	56.49071
33.8764	<LOD	460.6922	261.7496	58.351	597.5459	41.66318	<LOD	8.212703	36.90985
34.96005	<LOD	459.823	269.7402	64.56393	905.2847	48.63415	<LOD	8.533804	47.64567
34.60805	<LOD	445.0111	<LOD	190.2518	791.2012	46.17769	<LOD	8.546615	46.97535

35.82125	620.0884	176.5682	<LOD	196.7123	708.1573	48.43316	<LOD	8.718117	36.41923
38.18649	<LOD	521.0195	<LOD	219.3366	567.0415	47.78537	<LOD	9.470061	59.99607
42.00722	758.118	207.2926	328.3305	82.66815	1146.071	65.41308	<LOD	10.30392	41.48265
34.16021	<LOD	448.4398	211.4111	59.6613	600.2742	41.65705	<LOD	8.360918	59.39256
35.83975	571.0012	159.5833	<LOD	182.8662	365.4264	38.7555	<LOD	8.874538	51.76499
11.56319	609.1055	153.4885	256.6347	60.66705	572.017	41.58828	<LOD	8.66044	64.37225
32.93891	<LOD	386.0481	262.4216	46.66488	414.65	33.64816	<LOD	8.053104	36.89314

Rb +/-	Se	Se +/-	Sr	Sr +/-	Ti	Ti +/-	Zr	Zr +/-
2.111656	<LOD	2.187874	4.462482	0.966292	<LOD	496.8646	13.36321	1.502505
1.965468	<LOD	2.230894	<LOD	2.461773	<LOD	427.8474	<LOD	3.783954
1.062436	<LOD	2.640945	144.1849	2.471351	5718.033	288.2738	484.9299	4.903954
1.350155	511.8391	7.665829	231.1434	3.617903	9031.248	413.1829	276.0664	3.859368
1.713482	<LOD	2.584168	114.5778	2.306579	7975.222	375.1486	395.0856	4.458361
1.647778	<LOD	3.703305	83.18282	2.095693	5548.479	363.4936	312.3615	4.025611
1.890176	<LOD	2.613589	101.8024	2.344184	6966.473	397.6337	324.4887	4.233974
1.716057	<LOD	2.970951	101.1263	2.205137	7914.156	377.0616	300.4174	3.805204
1.753093	<LOD	2.898978	107.7045	2.273226	6623.049	358.6249	366.9543	4.312482
2.157218	<LOD	3.333415	56.44451	2.072751	7335.272	445.8175	405.5576	5.519826
2.089924	<LOD	3.644128	87.74718	2.649102	6734.652	457.7332	369.5624	5.548856
2.058856	<LOD	3.101999	97.28844	2.560941	7653.018	438.9836	435.8614	5.71059
2.185959	<LOD	3.501007	117.4685	2.857697	7772.64	447.6567	408.1841	5.57591
2.203622	<LOD	10.73043	87.77944	2.827106	5791.297	458.465	342.8366	5.321177
2.151039	<LOD	3.613976	99.84651	2.793628	7976.977	474.072	463.4527	6.415544
2.080689	<LOD	6.677534	62.35767	2.479973	6582.39	474.0224	293.1285	5.056971
2.050187	<LOD	4.141719	64.2832	2.227145	8675.676	481.9623	359.375	5.19255
2.00468	<LOD	6.437513	85.26292	2.579231	5785.665	434.6891	270.5059	4.443478
2.132239	<LOD	3.34024	107.5551	2.810786	8041.128	462.0835	345.1933	5.136866
1.919168	<LOD	7.462395	85.55673	2.562835	6074.498	428.2828	313.7624	4.762818
1.985901	<LOD	4.046541	88.27784	2.540913	6911.537	438.6511	319.8421	4.825494
2.307885	<LOD	5.49823	92.73041	2.753688	7946.201	503.8251	313.5691	5.022366
2.029038	<LOD	6.154085	83.12689	2.625509	7254.239	460.4055	281.6636	4.680951
2.05851	<LOD	2.844152	89.67156	2.487676	8016.878	450.5993	305.5325	4.580896
2.06427	<LOD	3.348804	100.7938	2.696622	7125.084	442.804	331.2327	4.950703
2.044218	<LOD	6.450145	94.39195	2.737769	6711.913	470.722	385.1287	5.585334
2.127153	<LOD	7.899575	90.11271	2.749194	7044.659	466.9399	345.4433	5.286248
1.986037	<LOD	3.557173	98.23051	2.652378	7440.471	447.1821	286.3189	4.508258
2.161071	<LOD	5.695348	95.81202	2.875123	7051.544	477.8327	287.8867	4.915471
2.023782	<LOD	4.376797	70.312	2.338684	7373.197	473.3923	247.5192	4.206228
2.014465	<LOD	3.365925	89.52236	2.572097	7008.251	443.2263	340.7601	5.069991
2.191454	<LOD	4.18153	104.2197	2.799205	6655.697	444.5116	339.9309	5.119193
2.150931	<LOD	6.640571	93.86266	2.789923	6823.969	463.2173	297.03	4.85574
2.09891	<LOD	5.00879	107.9114	2.783992	6955.989	438.7174	421.5591	5.74028
1.919026	<LOD	6.352176	93.37195	2.730178	10754.79	533.1464	394.7766	5.713936
2.037906	<LOD	3.883304	101.9796	2.622365	7432.89	433.8307	411.7699	5.48918
2.048533	<LOD	4.935953	83.78957	2.548205	7515.977	460.6127	391.0249	5.585441
2.078384	<LOD	3.402519	99.50712	2.617859	6142.608	429.7809	345.9821	4.957633
2.2111	<LOD	3.458383	89.77769	3.02979	5789.056	479.6017	300.31	5.534882
2.265239	<LOD	3.810527	100.0902	2.699301	5889.437	434.1184	362.7207	5.251424
3.539672	<LOD	5.940053	82.15872	4.541287	7312.452	810.9462	352.5637	9.554175
2.264452	<LOD	3.352359	101.0064	2.93851	4867.958	435.7765	456.7719	6.662198
1.786743	<LOD	4.826741	70.50149	2.284386	6991.404	436.948	300.4576	4.566056
1.967116	<LOD	3.553975	103.4625	2.753288	7052.655	444.7985	344.952	5.115241
2.000699	<LOD	5.163336	94.30936	2.641346	7319.88	439.2895	393.1241	5.516607

2.045068 <LOD	7.857059	92.0556	2.760904	7770.212	490.357	254.1614	4.401565
2.409123 <LOD	4.756032	99.16293	2.976863	7776.928	506.4908	292.782	5.085323
2.359525 <LOD	7.019847	94.46038	3.224237	7646.641	578.1515	284.5122	5.489831
2.111819 <LOD	3.08944	104.541	2.723655	8070.278	448.7521	329.4636	4.89891
2.075406 <LOD	3.278236	100.1001	2.776554	7250.261	462.0562	374.8153	5.531128
2.192712 <LOD	3.276299	114.9181	2.858132	6475.966	434.9269	435.6227	5.890078
1.684588 <LOD	3.546233	79.34168	2.306145	5381.531	370.9476	326.1494	4.656096

%

3.6
2.2
2.1
2.9
1.7
12.5
2.7
2.6
8.8
8.6
6.2
4.1
1.1
3.2
1.5
2.5
1.3
7.4
1.2
2.1
1.6
1.4
12.3
12.3
1.3
1.2
4.1
1.6
2.1
7
2
1.3
1.6
1.4
2.5
1.6
3
8.3
3.1
3.8
7.4
1.6
3.5
1.5

1.2
2
1.7
11.3
6
8
2.7

LiveTime	Date	Time	Reading	Pass/Fail	Cal Id	Samp Loc	SB Depth	Pb
49.58	4-May-10	8:25:00	1	-0.03628				
33.87	4-May-10	8:27:18	2		SiO2 Blank	si standard		<LOD
39.32	4-May-10	8:29:34	3		NIST 2702 (Pb 132.8)			139
35.59	4-May-10	8:31:23	4		XRF 408 (Pb 500)	0-1 ft bgs		514
35.86	4-May-10	8:33:08	5		NIST 2781 (Pb 202)	0-1 ft bgs		210
35.8	4-May-10	8:41:41	6			de37	4 ft bgs	44
36.66	4-May-10	8:43:22	7			de38	4 ft bgs	16
38.51	4-May-10	8:44:57	8			de39	4 ft bgs	20
36.58	4-May-10	8:50:18	9			de40	4 ft bgs	70
37.53	4-May-10	8:51:49	10			de41	4 ft bgs	2003
36.42	4-May-10	8:53:45	11			de42	4 ft bgs	27
37.24	4-May-10	9:01:03	12			de41b	4 ft bgs	1183
37.7	4-May-10	9:02:55	13			de43	4 ft bgs	32
36.27	4-May-10	9:04:43	14			de44	4 ft bgs	14
35.97	4-May-10	9:06:14	15			de45	4 ft bgs	12
37.44	4-May-10	9:13:42	16			de46	6 ft bgs	<LOD
35.39	4-May-10	9:16:02	17			de47	6 ft bgs	1296
34.67	4-May-10	9:17:47	18			de48	6 ft bgs	938
36.19	4-May-10	9:19:25	19			de49	6 ft bgs	2968
40.36	4-May-10	9:27:37	20			de50	6 ft bgs	<LOD
36.47	4-May-10	9:29:12	21			de51	6 ft bgs	28
37.6	4-May-10	9:30:47	22			de52	6 ft bgs	1199
37.27	4-May-10	9:38:24	23			de53	4 ft bgs	2709
36.53	4-May-10	9:40:05	24			de54	4 ft bgs	2467
37.18	4-May-10	9:42:37	25			de55	4 ft bgs	112
36.41	4-May-10	9:44:41	26			de56	4 ft bgs	1876
36.4	4-May-10	9:50:01	27			de57	6 ft bgs	2611
36.51	4-May-10	9:51:39	28			de41b	0-1 ft bgs	1210
33.68	4-May-10	9:53:23	29		SiO2 Blank	B106-CS	0-1 ft bgs	<LOD
35.53	4-May-10	9:54:51	30		NIST 2781 (Pb 202)	B106-CS	0-1 ft bgs	197
36.2	4-May-10	13:11:44	32			de58	4 ft bgs	62
36.6	4-May-10	13:13:30	33			de59	4 ft bgs	135
36.45	4-May-10	13:19:17	34			de60	4 ft bgs	293
36.49	4-May-10	13:21:42	35			de61	4 ft bgs	<LOD
36.25	4-May-10	13:23:21	36			de62	4 ft bgs	217
35.56	4-May-10	13:32:46	37			de63	3 ft bgs	1374
36.46	4-May-10	13:38:15	38			de64	2 ft bgs	160
36.25	4-May-10	13:40:06	39			de65	2 ft bgs	1164
36.74	4-May-10	13:55:49	40			de66	4 ft bgs	24

Pb +/-	As	As +/-	Hg	Hg +/-	Cu	Cu +/-	Ni	Ni +/-
	8 <LOD		7 <LOD		10 <LOD		19 <LOD	27
	8	50	9 <LOD		18	91	13 <LOD	78
14	574		18	566	18 <LOD		28	81
	7 <LOD		22 <LOD		15	574	17 <LOD	48
	5 <LOD		14 <LOD		13 <LOD		25 <LOD	50
	4 <LOD		12 <LOD		14	35	9 <LOD	54
	5 <LOD		14 <LOD		15 <LOD		30 <LOD	63
	6 <LOD		17 <LOD		14	34	9 <LOD	50
33	<LOD		76 <LOD		23	278	16 <LOD	56
	5 <LOD		14 <LOD		15 <LOD		27 <LOD	54
22	<LOD		56 <LOD		19	191	13 <LOD	57
	5 <LOD		15 <LOD		14	33	10 <LOD	55
	4 <LOD		12 <LOD		13 <LOD		25 <LOD	50
	4 <LOD		12 <LOD		12 <LOD		25 <LOD	48
12	<LOD		12 <LOD		13 <LOD		27 <LOD	51
22	<LOD		54 <LOD		19	157	12 <LOD	51
18	<LOD		47 <LOD		19	256	14	60
42	<LOD		84 <LOD		24	143	12 <LOD	54
15	<LOD		14 <LOD		15 <LOD		31 <LOD	60
	5 <LOD		13 <LOD		13 <LOD		26 <LOD	55
21	<LOD		54 <LOD		19	157	12 <LOD	54
41	<LOD		87 <LOD		27	348	17 <LOD	64
37	<LOD		79 <LOD		25	402	17 <LOD	57
	7 <LOD		21 <LOD		15	38	10 <LOD	55
29	<LOD		68 <LOD		22	250	14 <LOD	54
39	<LOD		82 <LOD		24	294	16 <LOD	57
21	<LOD		55 <LOD		20	170	12 <LOD	54
	8 <LOD		7 <LOD		10 <LOD		20 <LOD	28
	7 <LOD		22 <LOD		15	605	17 <LOD	47
	5 <LOD		16 <LOD		14	31	9 <LOD	51
	7 <LOD		21 <LOD		14	42	9 <LOD	51
	9 <LOD		28 <LOD		15	55	10 <LOD	51
12	<LOD		12 <LOD		13 <LOD		26 <LOD	54
	8 <LOD		25 <LOD		14	40	9 <LOD	53
21	<LOD		53	26	7	293	13 <LOD	43
	7 <LOD		21 <LOD		12 <LOD		26 <LOD	50
21	<LOD		53 <LOD		17	208	13 <LOD	53
	5 <LOD		13	16	5	40	9 <LOD	54

Zn	Zn +/-	Fe	Fe +/-	Cr	Cr +/-	Cd	Cd +/-	Sb	
<LOD		8	282	19	<LOD	65	<LOD	37	<LOD
415	15	87133	1115	366	62	<LOD		47	<LOD
29	6	36683	440	592	53	539		17	76
1228	22	30377	339	156	35	<LOD		37	<LOD
84	6	29401	355	<LOD	104	<LOD		42	<LOD
72	6	38090	460	148	40	<LOD		43	<LOD
78	7	47148	627	<LOD	133	<LOD		49	<LOD
119	7	25693	329	<LOD	105	<LOD		43	<LOD
866	21	31549	425	229	46	<LOD		47	<LOD
93	7	39034	474	<LOD	116	<LOD		43	<LOD
628	17	38362	478	161	42	<LOD		44	<LOD
105	7	34630	447	<LOD	111	<LOD		45	<LOD
73	6	30701	372	<LOD	98	<LOD		42	<LOD
70	6	28423	343	<LOD	106	<LOD		41	<LOD
67	6	35985	447	<LOD	115	<LOD		43	<LOD
620	16	33592	395	133	38	<LOD		41	<LOD
917	20	38592	450	<LOD	111	<LOD		42	<LOD
693	17	29429	370	<LOD	118	<LOD		43	<LOD
88	8	33581	503	<LOD	128	<LOD		51	<LOD
90	6	38450	459	<LOD	114	<LOD		42	<LOD
772	18	35352	422	<LOD	114	<LOD		41	<LOD
1538	30	44518	563	468	55	<LOD		46	<LOD
1706	31	35778	448	264	47	<LOD		44	<LOD
288	11	32205	417	<LOD	111	<LOD		45	<LOD
1154	23	38796	464	686	56	<LOD		43	84
1837	33	34881	444	213	45	<LOD		45	<LOD
978	21	38067	457	475	50	<LOD		42	<LOD
<LOD		8	314	20	<LOD	61	<LOD	37	<LOD
1217	22	31126	343	132	34	<LOD		36	<LOD
133	7	33752	404	<LOD	111	<LOD		42	<LOD
232	10	29134	368	<LOD	116	<LOD		44	<LOD
183	9	30778	378	<LOD	113	<LOD		43	<LOD
76	6	36091	433	<LOD	114	<LOD		42	<LOD
159	8	37562	445	<LOD	105	<LOD		42	<LOD
1420	24	21009	247	347	38	<LOD		37	<LOD
142	8	30248	367	<LOD	106	<LOD		42	<LOD
437	13	36402	435	<LOD	110	<LOD		42	203
131	8	36852	446	<LOD	109	<LOD		42	<LOD

Sb +/-	Sn	Sn +/-	Ag	Ag +/-	Ba	Ba +/-	Co	Co +/-
65 <LOD			59 <LOD		27 <LOD		183 <LOD	25
82 <LOD			75 <LOD		36	726	189	498
25 <LOD			69	537	14	824	148	347
60 <LOD			56 <LOD		29	581	109	306
74 <LOD			67 <LOD		31	570	131	331
77 <LOD			69 <LOD		32	441	139	251
87 <LOD			78 <LOD		36 <LOD		469 <LOD	280
76	80		23 <LOD		33	440	129	219
84	83		25 <LOD		35	635	145	264
77 <LOD			69 <LOD		33	596	142	540
77 <LOD			70 <LOD		33 <LOD		414 <LOD	232
80 <LOD			72 <LOD		34	509	145	266
74 <LOD			67 <LOD		32	386	128	290
73 <LOD			66 <LOD		31	492	138	221
76 <LOD			69 <LOD		33	551	138	394
73	71		22 <LOD		31	478	126	375
74 <LOD			67 <LOD		31	388	126	416
77 <LOD			70 <LOD		33	525	142	223
87 <LOD			78 <LOD		39 <LOD		470 <LOD	258
75 <LOD			68 <LOD		32	535	137	393
73 <LOD			66 <LOD		31	490	129	221
81 <LOD			73 <LOD		34	613	161	289
79	276		25 <LOD		33	924	153 <LOD	224
80 <LOD			72 <LOD		34	645	143	310
25 <LOD			68 <LOD		32	562	144 <LOD	225
79	199		25 <LOD		34	524	141 <LOD	223
75	148		23 <LOD		32	554	139	227
66 <LOD			59 <LOD		28 <LOD		173 <LOD	27
60	65		18 <LOD		29 <LOD		301	301
74 <LOD			67 <LOD		32	852	138	310
78 <LOD			71 <LOD		33	713	140	220
75 <LOD			68 <LOD		32	609	134	373
76 <LOD			69 <LOD		32	416	132	284
74 <LOD			67 <LOD		32	399	132 <LOD	218
64 <LOD			58 <LOD		28 <LOD		295 <LOD	151
73 <LOD			66 <LOD		31	402	130 <LOD	196
26	109		23 <LOD		32 <LOD		394	287
76 <LOD			68 <LOD		32	412	134	278

Mn	Mn +/-	Mo	Mo +/-	Rb	Rb +/-	Se	Se +/-	Sr
<LOD		39 <LOD		7 <LOD		3 <LOD		3 <LOD
2041	85	15		4	124	4	8	2 121
203	37 <LOD			9	28	2	543	10 256
940	45	49		3	31	2	21	2 236
407	37 <LOD			9	54	2 <LOD		4 100
491	42 <LOD			9	61	3 <LOD		5 114
579	51 <LOD			11	73	3 <LOD		5 71
730	45 <LOD			10	67	3 <LOD		5 112
722	50 <LOD			11	45	3 <LOD		9 119
660	46 <LOD			10	78	3 <LOD		5 125
891	52 <LOD			10	58	3 <LOD		7 120
625	46 <LOD			10	64	3 <LOD		5 99
495	39 <LOD			9	63	3 <LOD		4 111
484	38 <LOD			9	63	3 <LOD		4 112
444	41 <LOD			10	59	3 <LOD		5 107
623	42 <LOD			9	50	2 <LOD		7 108
916	49	10		3	54	2 <LOD		7 113
497	41 <LOD			10	38	2 <LOD		10 115
793	57 <LOD			12	74	3 <LOD		5 112
638	45 <LOD			9	71	3 <LOD		5 119
754	46 <LOD			9	55	3 <LOD		8 111
668	51	10		3	55	3 <LOD		11 119
982	54 <LOD			10	48	3 <LOD		10 105
847	50 <LOD			11	56	3 <LOD		5 117
1408	60 <LOD			9	41	2 <LOD		9 99
837	51 <LOD			10	45	3 <LOD		10 97
897	51 <LOD			10	52	3 <LOD		7 104
<LOD		40 <LOD		7 <LOD		3 <LOD		3 6
786	42	48		3	35	2	21	2 235
640	43 <LOD			9	62	3 <LOD		5 121
401	39 <LOD			10	80	3 <LOD		5 121
705	45 <LOD			10	70	3 <LOD		5 147
499	41 <LOD			9	69	3 <LOD		5 110
613	43 <LOD			9	65	3 <LOD		5 120
392	33	9		3	22	2 <LOD		7 119
958	49 <LOD			9	70	3 <LOD		5 117
901	49 <LOD			9	47	2 <LOD		7 104
1121	54 <LOD			10	90	3 <LOD		5 135

Sr +/-	Ti	Ti +/-	Zr	Zr +/-
4	<LOD	515	12	2
4	12499	674	288	6
5	9579	517	292	5
4	3393	341	275	5
3	9069	476	415	6
3	10172	514	296	5
3	10505	582	328	6
3	8073	467	413	7
4	6400	489	427	7
4	9241	508	410	7
4	8372	494	426	7
3	9524	529	402	7
3	9017	473	274	5
3	12650	533	376	6
3	8139	488	278	5
3	7355	443	398	6
3	7064	440	378	6
3	10465	523	412	7
4	10358	604	484	9
3	9083	493	365	6
3	7333	452	409	6
4	11061	580	331	6
3	8840	527	414	7
4	8349	507	559	8
3	9414	507	299	5
3	7636	492	369	6
3	8291	484	388	6
1	701	178	9	2
4	3517	325	280	5
3	8015	477	346	6
3	8552	495	443	7
4	8055	472	386	6
3	8674	477	372	6
3	9167	482	361	6
3	4356	331	171	4
3	9416	481	398	6
3	9329	485	413	6
4	8915	487	474	7

LiveTime	Date	Time	Reading	Pass/Fail	Cal Id	Samp Loc	SB Depth	Pb	Pb +/-
48.99	5-May-10	9:53:18	1	-0.03883					
37.01	5-May-10	9:54:37	2			de66	4 ft bgs	884	17
35.32	5-May-10	9:56:14	3			de67	2 ft bgs	311	9

As	As +/-	Hg	Hg +/-	Cu	Cu +/-	Ni	Ni +/-	Zn	Zn +/-
<LOD	46	<LOD	17	106	11	<LOD	50	395	12
<LOD	28	<LOD	14	70	9	<LOD	47	206	9

Fe	Fe +/-	Cr	Cr +/-	Cd	Cd +/-	Sb	Sb +/-	Sn	Sn +/-
30321	366	189		39 <LOD		42 <LOD		76 <LOD	67
26900	323 <LOD			98 <LOD		41 <LOD		72 <LOD	65

Ag	Ag +/-	Ba	Ba +/-	Co	Co +/-	Mn	Mn +/-	Mo	Mo +/-
<LOD		31 <LOD		384	235	66	674	43 <LOD	9
<LOD		31 <LOD		358	275	61	724	42 <LOD	9

Rb	Rb +/-	Se	Se +/-	Sr	Sr +/-	Ti	Ti +/-	Zr	Zr +/-	
	55	2 <LOD		6	81	3	9091	471	381	6
	59	2 <LOD		5	106	3	8612	444	454	7

LiveTime	Date	Time	Reading	Pass/Fail	Cal Id	Samp Loc	SB Depth	Pb	Pb +/-
49.13	6-May-10	7:32:12	1	-0.04069					
34.44	6-May-10	7:34:04	2		SiO2 Blank	B106-CS	0-1 ft bgs	<LOD	8
39.77	6-May-10	7:35:45	3		NIST 2702	B106-CS	0-1 ft bgs	126	8
36.11	6-May-10	7:37:12	4		NIST 2781	B106-CS	0-1 ft bgs	185	7
36.41	6-May-10	7:39:01	5		XRF 408 (PI	B106-CS	0-1 ft bgs	519	14
35.59	6-May-10	7:54:39	6			de68	3 ft bgs	428	11
35.76	6-May-10	7:57:47	7			de69	2 ft bgs	710	14
35.9	6-May-10	7:59:38	8			de70	2 ft bgs	909	17
37.32	6-May-10	8:07:35	9			test	0-1 ft bgs	1369	24
34.43	6-May-10	11:07:06	10			54bsc05	10 ft bgs	14	4
35.8	6-May-10	11:25:53	11			54bdw31	4 ft bgs	136	7
36.85	6-May-10	11:27:41	12			54bsc32	4 ft bgs	235	9
35.85	6-May-10	11:29:24	13			54bsc33	5 ft bgs	135	6
36.05	6-May-10	11:30:59	14			B106-CS	0-1 ft bgs	1630	25
35.7	6-May-10	11:32:29	15			54bdw35	5 ft bgs	18	4
49.53	6-May-10	13:33:28	16	-0.03918					
35.89	6-May-10	13:34:58	17			454bde34	5 ft bgs	342	10
35.33	6-May-10	13:42:55	18			de71	7 ft bgs	20	4
35.66	6-May-10	13:44:45	19			de72	4ft bgs	1290	22
36.31	6-May-10	13:46:31	20			de73	4 ft bgs	36	4
48.92	6-May-10	14:22:17	21	-0.03733					
34.24	6-May-10	14:23:37	22		SiO2 Blank	B106-CS	0-1 ft bgs	<LOD	7
35.9	6-May-10	14:25:11	23		NIST 2781	B106-CS	0-1 ft bgs	198	7

As	As +/-	Hg	Hg +/-	Cu	Cu +/-	Ni	Ni +/-	Zn	Zn +/-
<LOD		7 <LOD		10 <LOD		20 <LOD		29 <LOD	8
	60	9 <LOD		18	104	13 <LOD		75	416
<LOD		22 <LOD		15	580	17 <LOD		48	1238
	572	18	613	18 <LOD		27 <LOD		54	38
<LOD		32 <LOD		14	98	10 <LOD		42	209
<LOD		39 <LOD		15	154	11 <LOD		43	1051
<LOD		45 <LOD		18	164	12 <LOD		49	543
<LOD		60	22	7	122	12 <LOD		58	477
<LOD		10 <LOD		12	32	8 <LOD		45	50
<LOD		21 <LOD		13	29	9	55	18	133
<LOD		26 <LOD		16	45	9 <LOD		53	255
<LOD		19 <LOD		13 <LOD		25 <LOD		47	73
<LOD		58 <LOD		18	35	9 <LOD		50	134
<LOD		12 <LOD		13	27	9 <LOD		49	89
<LOD									
<LOD		29 <LOD		15 <LOD		25 <LOD		47	130
<LOD		12 <LOD		12	31	8 <LOD		48	55
<LOD		55 <LOD		20	271	14 <LOD		59	1126
<LOD		14 <LOD		12 <LOD		25 <LOD		49	92
<LOD									
<LOD		7 <LOD		10 <LOD		19 <LOD		28 <LOD	8
<LOD		22 <LOD		13	568	17 <LOD		46	1209

Fe	Fe +/-	Cr	Cr +/-	Cd	Cd +/-	Sb	Sb +/-	Sn	Sn +/-
262	19 <LOD			64 <LOD		37 <LOD		66 <LOD	60
87286	1097	360		61 <LOD		47 <LOD		80 <LOD	73
30853	340	147		35 <LOD		37 <LOD		61	60
36133	425	519		50	530	17	90	24	80
18861	234 <LOD			93 <LOD		39 <LOD		69 <LOD	62
23218	274	398		41 <LOD		39 <LOD		67 <LOD	61
28753	345	274		41 <LOD		41 <LOD		72 <LOD	66
43589	533	129		42 <LOD		44 <LOD		77 <LOD	69
22730	268 <LOD			90 <LOD		39 <LOD		70 <LOD	63
31560	387 <LOD			109 <LOD		43 <LOD		78 <LOD	71
36765	442 <LOD			115 <LOD		42 <LOD		74 <LOD	67
28349	339 <LOD			98 <LOD		41 <LOD		72 <LOD	65
30639	369 <LOD			108 <LOD		41 <LOD		73 <LOD	66
32590	388 <LOD			109 <LOD		42 <LOD		75 <LOD	67
24632	304 <LOD			101 <LOD		41 <LOD		73 <LOD	66
28501	337 <LOD			96 <LOD		41 <LOD		72 <LOD	65
52808	621	132		43 <LOD		43 <LOD		76 <LOD	69
30349	368 <LOD			105 <LOD		42 <LOD		75 <LOD	67
346	20 <LOD			57 <LOD		36 <LOD		65 <LOD	58
30251	332	154		34 <LOD		36 <LOD		59	80

Ag	Ag +/-	Ba	Ba +/-	Co	Co +/-	Mn	Mn +/-	Mo	Mo +/-
<LOD		28 <LOD		187 <LOD		27 <LOD		39 <LOD	7
<LOD		36	937	191	601	126	1937	82 <LOD	11
	30	10	468	106	234	61	855	43	47
	544	14	651	141	407	72	151	34 <LOD	9
<LOD		30 <LOD		307	184	50	511	35 <LOD	9
<LOD		29 <LOD		321 <LOD		162	544	37	16
<LOD		31	457	125	316	64	679	43 <LOD	9
<LOD		33	467	142	288	83	932	53	12
<LOD		29	525	120	237	54	413	33 <LOD	8
<LOD		32	585	127	316	69	799	47 <LOD	9
<LOD		32	651	146	325	74	806	48 <LOD	10
<LOD		31 <LOD		343	317	63	463	37 <LOD	9
<LOD		31	545	132 <LOD		196	533	40 <LOD	9
<LOD		31	464	129	271	68	654	43 <LOD	9
<LOD		31	439	115	348	60	684	42 <LOD	9
<LOD		31	385	118	204	62	392	35 <LOD	9
<LOD		32 <LOD		419	580	91	1175	58 <LOD	10
<LOD		31 <LOD		374	337	67	602	42 <LOD	9
<LOD		27 <LOD		190 <LOD		27 <LOD		37 <LOD	7
<LOD		29 <LOD		299	417	61	760	41	44

Rb	Rb +/-	Se	Se +/-	Sr	Sr +/-	Ti	Ti +/-	Zr	Zr +/-	
<LOD		3 <LOD		3 <LOD		4 <LOD		510	12	2
131		4 <LOD		6	118	4	12513	672	282	6
30		2	17	2	236	4	3649	338	276	5
26		2	524	10	257	5	9972	505	298	5
36		2 <LOD		5	88	3	5059	356	233	4
30		2 <LOD		6	84	3	6129	377	288	5
53		2 <LOD		7	111	3	7398	438	426	6
65		3 <LOD		8	227	5	8788	508	298	6
46		2 <LOD		4	88	3	9127	442	284	5
62		3 <LOD		5	121	3	5826	429	352	6
68		3 <LOD		5	126	3	11765	544	360	6
59		2 <LOD		5	100	3	6148	401	326	5
55		3 <LOD		8	103	3	9043	478	360	6
80		3 <LOD		5	113	3	8410	462	391	6
63		3 <LOD		5	122	3	5041	387	280	5
57		2 <LOD		5	115	3	7073	420	285	5
49		3 <LOD		8	106	3	8019	489	360	6
59		2 <LOD		4	53	2	8750	462	362	6
<LOD		3 <LOD		3	6	1 <LOD		517	10	2
34		2	21	2	230	4	3608	324	265	4

Appendix B-4

Chains of Custody

[illegible]

Marietta, OH 45750

CHAIN-OF-CUSTODY RECORD

Fax: 740-373-4835

[illegible]

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page 1 of 1

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves comparing the actual outcomes with the objectives and goals to determine the effectiveness of the project and identify areas for improvement.

Marietta, OH 45750



Fax: 740-373-4835

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page 27

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the work.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete them.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress to ensure that the objectives are being met.

5. The final step is to evaluate the results of the project. This involves assessing the effectiveness of the plan and identifying any areas for improvement or further action.

Microbac
CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071
Fax: 740-373-4835

[illegible]

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page 1 of 1

[illegible]

158 Starlite Drive

CHAIN-OF-CUSTODY RECORD

Fax: 740-373-4835

[illegible]

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 16779

158 Starlite Drive
Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Sub = B35738

CAPE FEAR

Company Name:

Shaw E & I

Project Contact:

Tim Leahy 410 612 6332

Contact Phone #:

Turn Around Requirements:

7 day

Location:

Radford Summit St

Project ID:

Radford AAP

Summit St

Sampler (print):

J. Hilckbrand

Signature:

Sample
I.D. No.

Comp

Grab

Date

Time

Matrix*

NUMBER OF CONTAINERS

Hold

Pest Herb

PA, Flash, react.

Explosives

TCLP

Pesticides

Metals

Dioxins + Furans 8290

TOTAL # (LAB USE)

Program

- ☐ CWA
☐ RCRA
☐ DOD
☐ AFCEE
☐ Other

ADDITIONAL
REQUIREMENTS

54ADW21 4-6' X 4-20-10 8:00 Soil 9
 54ADW22 9-10 X 8:05
 54ADW23 12-13 X 8:10
 54ADW24 5' X 8:15
 54ADW25 8' X 8:20
 54ADW26 6' X 8:30
 54ADW27 10' X 8:35
 54ADW28 13' X 8:45
 54ASCO1 6' X 9:00
 54ASCO2 6' X 9:10
 54ASCO3 4' X 9:15
 54ASCO4 3' X 9:20
 54ADW29 3' X 9:30
 54ADW30 3' X 9:40

X

Send 1 Jar to
 Cape Fear for
 8290

Send this
 COC copy
 please

Relinquished by:
(Signature)Date
4-20-10Time
10:30

Microbac OVD

221000005582

Received: 04/21/2010 10:39

By: ANNIE BROWN

Relinquished by:
(Signature)

Date

Time



Annie Brown

WO #1308

Date
4/20/10Time
0930Received by:
(Signature)

Remarks:

temp = 4.8

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 16779

158 Starlite Drive
Marietta, OH 45750

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071
Fax: 740-373-4835

Microbac

Company Name:

Shaw EOI

Project Contact:

Tim Leary 410 612 6332

Contact Phone #:

Turn Around Requirements:

7 day

Location:

Radford Summit St

Project ID:

Radford MAP Summit St

Sampler (print):

S. Hiltbrand

Signature:

Sample I.D. No.

Comp

Grab

Date

Time

Matrix*

NUMBER OF CONTAINERS

Hold

Pest

Herb

PH, flash, react.

Explosives

TCLP

Pesticides

Metals

TOTAL # (LAB USE)

ADDITIONAL REQUIREMENTS

Program

☐ CWA☐ RCRA☐ DOD☐ AFCEE☐ Other

Relinquished by:

(Signature)

Date

Time

Received by:

(Signature)

Remarks:

Date

Time

Received by:

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Received by:

(Signature)

Date

COC No. A 16779



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Pest	Herb	PA, Flash, react.	Explosives	TCLP	Pesticides	Metals	TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____	
Project Contact: Tim Leahy 410 612 6332				Contact Phone #:												ADDITIONAL REQUIREMENTS	
Turn Around Requirements: 7 day				Location: Radford Summit St													
Project ID: Radford AAP Summit St																	
Sampler (print): J. Hillbrand				Signature: <i>[Signature]</i>													
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*												
SHADW21 4-6'		X	4-20-10	8:00	Soil	9											
SHADW22 9-10'		X		8:05													
SHADW23 12-13'		X		8:10													
SHADW24 5'		X		8:15													
SHADW25 6'		X		8:20													
SHADW26 6'		X		8:30													
SHADW27 10'		X		8:35													
SHADW28 13'		X		8:45													
SHASCO1 6'		X		9:00													
SHASCO2 6'		X		9:10													
SHASCO3 4'		X		9:15													
SHASCO4 3'		X		9:20													
SHADW29 3'		X		9:30													
SHADW30 3'		X		9:40													
Relinquished by: <i>[Signature]</i>						Date: 4-20-10		Time: 10:30		Microbac OVD Received: 04/21/2010 10:39 By: ANNIE BROWN <i>Annie Brown</i>							
Relinquished by: (Signature)						Date		Time									
Received by: (Signature)						Date		Time		Remarks:							

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 16779



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Pest	Herb	PA, Flash, react.	Explosives	TCLP	Pesticides	Metals	TOTAL # (LAB USE)	☐ Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____	
Project Contact: Tim Leahy 410 612 6332				Contact Phone #:												ADDITIONAL REQUIREMENTS	
Turn Around Requirements: 7 day				Location: Radford Summit St													
Project ID: Radford AAP Summit St																	
Sampler (print): J. Hillbrand				Signature: <i>[Signature]</i>													
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*												
SHADW21 4-6'		X	4-20-10	8:00	Soil	9											
SHADW22 9-10'		X		8:05													
SHADW23 12-13'		X		8:10													
SHADW24 5'		X		8:15													
SHADW25 6'		X		8:20													
SHADW26 6'		X		8:30													
SHADW27 10'		X		8:35													
SHADW28 13'		X		8:45													
SHASCO1 6'		X		9:00													
SHASCO2 6'		X		9:10													
SHASCO3 4'		X		9:15													
SHASCO4 3'		X		9:20													
SHADW29 3'		X		9:30													
SHADW30 3'		X		9:40													
Relinquished by: <i>[Signature]</i>						Date: 4-20-10		Time: 10:30		Microbac OVD Received: 04/21/2010 10:39 By: ANNIE BROWN <i>Annie Brown</i>							
Relinquished by: (Signature)						Date		Time									
Received by: (Signature)						Date		Time		Remarks:							

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 16779



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Pest	Herb	PH, Flash, react.	Explosives	TCLP	Pesticides	Metals	TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____	
Project Contact: Tim Leahy 410 612 6332				Contact Phone #:												ADDITIONAL REQUIREMENTS	
Turn Around Requirements: 7 day				Location: Radford Summit St													
Project ID: Radford AAP Summit St																	
Sampler (print): J. Hillbrand				Signature: <i>[Signature]</i>													
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*												
SHADW21 4-6'		X	4-20-10	8:00	Soil	9											
SHADW22 9-10'		X		8:05													
SHADW23 12-13'		X		8:10													
SHADW24 5'		X		8:15													
SHADW25 6'		X		8:20													
SHADW26 6'		X		8:30													
SHADW27 10'		X		8:35													
SHADW28 13'		X		8:45													
SHASCO1 6'		X		9:00													
SHASCO2 6'		X		9:10													
SHASCO3 4'		X		9:15													
SHASCO4 3'		X		9:20													
SHADW29 3'		X		9:30													
SHADW30 3'		X		9:40													
Relinquished by: <i>[Signature]</i>						Date: 4-20-10		Time: 10:30		Microbac OVD Received: 04/21/2010 10:39 By: ANNIE BROWN <i>Annie Brown</i>							
Relinquished by: (Signature)						Date		Time									
Received by: (Signature)						Date		Time		Remarks:							

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 19352



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E+I						NUMBER OF CONTAINERS	Hold	Dieldrin & Heptachlor Epoxide	Lead, PCT-S	Select Explosives	Dioxin/Furan	TOTAL # (LAB USE)	Program				
Project Contact: Tim Leahy			Contact Phone #: 410-612-6332										☐ CWA	☐ RCRA			
Turn Around Requirements: 7 day			Location: Radford, Va										☐ DOD	☐ AFCEE			
Project ID: Radford AAP SUMU 54													☐ Other _____				
Sampler (print): J. Hillebrand			Signature: 			ADDITIONAL REQUIREMENTS											
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*												
54ASC06 3'		X	5-25-10	1:00	Soil	4		1	1	1	1			Hold Dioxin/Furan			
54ASC07 3'				1:05		3		1	1	1							
54ASC08 3'				1:10		3		1	1	1							
54ASC09 3'				1:18		3		1	1	1							
54ASC10 3'				1:20		4		1	1	1	1			Hold Dioxin/Furan			
54ASC11 3'				1:25		3		1	1	1							
54ASC12 3'				1:30		3		1	1	1							
54ASC13 3'				1:35		3		1	1	1							
54ASC14 3'				1:40		4		1	1	1	1			Hold Dioxin/Furan			
54ASC15 3'				1:45		3		1	1	1							
54ASC16 3'				1:50		3		1	1	1							
54ATM16 3'				1:55		3		1	1	1							
54ASC17 3'				2:00		3		1	1	1	#						
54ASC18 3'				2:05		4		1	1	1	1			Hold Dioxin/Furan			
54ASC19 3'				2:10		3		1	1	1							
54ASC20 3'				2:15		3		1	1	1							
54ASC21 3'				2:20		3		1	1	1							
54ASC22 3'				2:25		4		1	1	1	1			Hold Dioxin/Furan			
54ASC23 3'				2:30		3		1	1	1							
54ASC24 3'				2:35		3		1	1	1							
Relinquished by: (Signature)			Date 5/27/10	Time 1:00	Received by: (S) Microbac OVD			Relinquished by: (S) 221000006541			Date	Time	Received by: (Signature)				
Relinquished by: (Signature)			Date	Time	Received by: (S) Received: 05/28/2010 11:00			By: JANE THOMPSON			Remarks:						

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 19353


 158 Starlite Drive
 Marietta, OH 45750

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Dieldrin + Heptachlor Epoxide	Lead, PCB's	Select Explosives	Dioxin/Furan	TOTAL # (LAB USE)	Program	
Project Contact: Tim Leahy			Contact Phone #: 410 612 6332										☐ CWA	☐ RCRA
Turn Around Requirements: 7 day			Location: Radford, VA										☐ DOD	☐ AFCEE
Project ID: RFAAP SWMU 54			Signature: 										☐ Other	
Sampler (print): Jeff Hillebrand						ADDITIONAL REQUIREMENTS								
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*									
54ASC25 3'		X	5-25-10	2:40	Soil									
54ASC26 3'				2:45		4		1	1	1	1			Hold Dioxin/Furans
54ATM26 3'				2:50		3		1	1	1				
54ATM26 3'				2:55		3		1	1	1				MS/MSD
54ASC27				3:00		3		1	1	1				
54ASC28				3:05		4		1	1	1	1			Hold dioxin/furans
54ASC29				3:10		3		1	1	1				
54ASC30				3:15		3		1	1	1				
54ASC31				3:20		3		1	1	1				
54ASC32				3:25		4		1	1	1	1			Hold dioxin/furans
54ASC33				3:30		3		1	1	1				
54ASC34				3:35		3		1	1	1				
54ASC35				3:40		3		1	1	1				
54ASC36				3:45		4		1	1	1	1			Hold Dioxin/furans
54ATM36				3:50		3		1	1	1				
54ASC37				3:55		3		1	1	1				
54ASC38				4:00		3		1	1	1				
54ASC39				4:05		3		1	1	1				
54ASC40				4:10		4		1	1	1	1			Hold Dioxin/furan
54ASC41				4:15		3		1	1	1				
Relinquished by: (Signature)			Date 5/27/10	Time 1:00	Received by: (Signature)			Relinquished by: (Signature)			Date	Time	Received by: (Signature)	
Relinquished by: (Signature)			Date	Time	Received for Laboratory by: (Signature)			Date	Time	Remarks:				

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 16777


 158 Starlite Drive
 Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS Hold Dieldrin & Heptachlor Epoxide Pb, PTC-S Select Explosives Dioxin/Furan 2,4-DNT TC-LP	TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____	
Project Contact: Tim Leahy			Contact Phone #: 410-612-6332					ADDITIONAL REQUIREMENTS	
Turn Around Requirements: 7 day			Location: Radford, VA						
Project ID: RFAAP 3WMD54									
Sampler (print): Jeff Hillebrand			Signature:						
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*				
54ASC42		X	5-26-10	8:00	Soil	3	1	1	1
54ASC43			5-26-10	8:05		3	1	1	1
54ASC44				8:10		4	1	1	1
54ASC45				8:15		3	1	1	1
54ASC46				8:20		3	1	1	1
54ATM46				8:25		3	1	1	1
54AMS46				8:30		3	1	1	1
54ASC47				8:35		3	1	1	1
54ASC48				8:40		4	1	1	1
54ASC49				8:45		3	1	1	1
54ASC50				8:50		3	1	1	1
54ASC51				8:55		3	1	1	1
54ASC52				9:00		4	1	1	1
54ASC53				9:05		3	1	1	1
54ASCO1				9:10		1	1	1	
54BDW33		✓	5-27-10	8:45		1			1
Relinquished by:						Date: 5/27/10	Time: 1:00	Received by: (Signature)	
Relinquished by: (Signature)						Date	Time	Received for Laboratory by: (Signature)	
Remarks:									

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 19352



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E+I						NUMBER OF CONTAINERS	Hold	Dieldrin & Heptachlor Epoxide	Lead, PCT-S	Select Explosives	Dioxin/Furan	TOTAL # (LAB USE)	Program	
Project Contact: Tim Leahy			Contact Phone #: 410-612-6332										☐ CWA	☐ RCRA
Turn Around Requirements: 7 day			Location: Radford, Va										☐ DOD	☐ AFCEE
Project ID: Radford AAP SUMU 54													☐ Other	
Sampler (print): J. Hillebrand			Signature: 			ADDITIONAL REQUIREMENTS								
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*									
54ASC06 3'		X	5-25-10	1:00	Soil	4		1	1	1	1			Hold Dioxin/Furan
54ASC07 3'				1:05		3		1	1	1				
54ASC08 3'				1:10		3		1	1	1				
54ASC09 3'				1:18		3		1	1	1				
54ASC10 3'				1:20		4		1	1	1	1			Hold Dioxin/Furan
54ASC11 3'				1:25		3		1	1	1				
54ASC12 3'				1:30		3		1	1	1				
54ASC13 3'				1:35		3		1	1	1				
54ASC14 3'				1:40		4		1	1	1	1			Hold Dioxin/Furan
54ASC15 3'				1:45		3		1	1	1				
54ASC16 3'				1:50		3		1	1	1				
54ATM16 3'				1:55		3		1	1	1				
54ASC17 3'				2:00		3		1	1	1	#			
54ASC18 3'				2:05		4		1	1	1	1			Hold Dioxin/Furan
54ASC19 3'				2:10		3		1	1	1				
54ASC20 3'				2:15		3		1	1	1				
54ASC21 3'				2:20		3		1	1	1				
54ASC22 3'				2:25		4		1	1	1	1			Hold Dioxin/Furan
54ASC23 3'				2:30		3		1	1	1				
54ASC24 3'				2:35		3		1	1	1				
Relinquished by: (Signature)			Date 5/27/10	Time 1:00	Received by: (S) Microbac OVD	Relinquished by:			Date	Time	Received by: (Signature)			
Relinquished by: (Signature)			Date	Time	R (S)	Received: 05/28/2010 11:00 By: JANE THOMPSON			Remarks:					

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 19353



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Dieldrin + Heptachlor Epoxide	Lead, PCBs	Select Explosives	Dioxin/Furan	TOTAL # (LAB USE)	Program	
Project Contact: Tim Leahy			Contact Phone #: 410 612 6332										☐ CWA	☐ RCRA
Turn Around Requirements: 7 day			Location: RAF Radford, VA										☐ DOD	☐ AFCEE
Project ID: RFAAP SWMU 54			Signature: <i>[Signature]</i>										☐ Other	
Sampler (print): Jeff Hillebrand						ADDITIONAL REQUIREMENTS								
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*									
54ASC25 3'		X	5-25-10	2:40	Soil									
54ASC26 3'				2:45		4		1	1	1	1			Hold Dioxin/Furans
54ATM26 3'				2:50		3		1	1	1				
54ATM26 3'				2:55		3		1	1	1				MS/MSD
54ASC27				3:00		3		1	1	1				
54ASC28				3:05		4		1	1	1	1			Hold dioxin/furans
54ASC29				3:10		3		1	1	1				
54ASC30				3:15		3		1	1	1				
54ASC31				3:20		3		1	1	1				
54ASC32				3:25		4		1	1	1	1			Hold dioxin/furans
54ASC33				3:30		3		1	1	1				
54ASC34				3:35		3		1	1	1				
54ASC35				3:40		3		1	1	1				
54ASC36				3:45		4		1	1	1	1			Hold Dioxin/furans
54ATM36				3:50		3		1	1	1				
54ASC37				3:55		3		1	1	1				
54ASC38				4:00		3		1	1	1				
54ASC39				4:05		3		1	1	1				
54ASC40				4:10		4		1	1	1	1			Hold Dioxin/furan
54ASC41				4:15		3		1	1	1				
Relinquished by: (Signature) <i>[Signature]</i>			Date 5/27/10	Time 1:00	Received by: (Signature)			Relinquished by: (Signature)			Date	Time	Received by: (Signature)	
Relinquished by: (Signature)			Date	Time	Received for Laboratory by: (Signature)			Date	Time	Remarks:				

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page

2 of 3

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

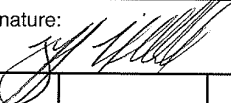
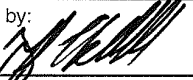
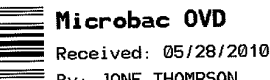
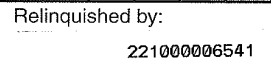
4. The fourth step is to implement the plan. This involves assigning tasks to team members, setting deadlines, and monitoring progress to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves comparing the actual outcomes against the objectives and goals to determine the effectiveness of the project and identify areas for improvement.

Marietta, OH 45750



Fax: 740-373-4835

Company Name: Shaw E+I		Project Contact: Tim Leahy		Contact Phone #: 410-612-6332		Turn Around Requirements: 7 day		Location: Radford, Va		Project ID: Radford AAP SUMU54		Sampler (print): J. Hillebrand		Signature: 		NUMBER OF CONTAINERS		Hold		Dieldrin & heptachlor Epoxide		Lead, PCT-S		Select Explosives		Dioxin/Furan		TOTAL # (LAB USE)		Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____		ADDITIONAL REQUIREMENTS	
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*	NUMBER OF CONTAINERS	Hold	Dieldrin & heptachlor Epoxide	Lead, PCT-S	Select Explosives	Dioxin/Furan															ADDITIONAL REQUIREMENTS							
54ASC06 3'		X	5-25-10	1:00	soil	4		1	1	1	1															Hold Dioxin/Furan							
54ASC07 3'				1:05		3		1	1	1																							
54ASC08 3'				1:10		3		1	1	1																							
54ASC09 3'				1:15		3		1	1	1																							
54ASC10 3'				1:20		4		1	1	1	1															Hold Dioxin/Furan							
54ASC11 3'				1:25		3		1	1	1																							
54ASC12 3'				1:30		3		1	1	1																							
54ASC13 3'				1:35		3		1	1	1																							
54ASC14 3'				1:40		4		1	1	1	1															Hold Dioxin/Furan							
54ASC15 3'				1:45		3		1	1	1																							
54ASC16 3'				1:50		3		1	1	1																							
54ATM16 3'				1:55		3		1	1	1																							
54ASC17 3'				2:00		3		1	1	1	#																						
54ASC18 3'				2:05		4		1	1	1	1															Hold dioxin/furan							
54ASC19 3'				2:10		3		1	1	1																							
54ASC20 3'				2:15		3		1	1	1																							
54ASC21 3'				2:20		3		1	1	1																							
54ASC22 3'				2:25		4		1	1	1	1															Hold dioxin/furan							
54ASC23 3'				2:30		3		1	1	1																							
54ASC24 3'				2:35		3		1	1	1																							
Relinquished by: (Signature) 			Date 5/27/10		Time 1:00		Received by: (S)  Microbac OVD			Relinquished by: (S)  221000006541			Date		Time		Received by: (Signature)		Remarks:														
Relinquished by: (Signature)			Date		Time		Received by: (S)  Received: 05/28/2010 11:00 By: JANE THOMPSON																										

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 19353



158 Starlite Drive
Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Dieldrin + Heptachlor Epoxide	Lead, PCB's	Select Explosives	Dioxin/Furan	TOTAL # (LAB USE)	Program	
Project Contact: Tim Leahy			Contact Phone #: 410 612 6332										☐ CWA	☐ RCRA
Turn Around Requirements: 7 day			Location: RAF Radford, VA										☐ DOD	☐ AFCEE
Project ID: RFAAP SWMU 54			Sampler (print): Jeff Hillebrand										Signature:	
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*									ADDITIONAL REQUIREMENTS
54ASC25 3'		X	5-25-10	2:40	Soil									
54ASC26 3'				2:45		4		1	1	1	1			Hold Dioxin/Furans
54ATM26 3'				2:50		3		1	1	1				
54ATM26 3'				2:55		3		1	1	1				MS/MSD
54ASC27				3:00		3		1	1	1				
54ASC28				3:05		4		1	1	1	1			Hold dioxin/furans
54ASC29				3:10		3		1	1	1				
54ASC30				3:15		3		1	1	1				
54ASC31				3:20		3		1	1	1				
54ASC32				3:25		4		1	1	1	1			Hold dioxin/furans
54ASC33				3:30		3		1	1	1				
54ASC34				3:35		3		1	1	1				
54ASC35				3:40		3		1	1	1				
54ASC36				3:45		4		1	1	1	1			Hold Dioxin/furans
54ATM36				3:50		3		1	1	1				
54ASC37				3:55		3		1	1	1				
54ASC38				4:00		3		1	1	1				
54ASC39				4:05		3		1	1	1				
54ASC40				4:10		4		1	1	1	1			Hold Dioxin/furan
54ASC41				4:15		3		1	1	1				
Relinquished by: (Signature)			Date 5/27/10	Time 1:00	Received by: (Signature)			Relinquished by: (Signature)			Date	Time	Received by: (Signature)	
Relinquished by: (Signature)			Date	Time	Received for Laboratory by: (Signature)			Date	Time	Remarks:				

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 16777


 158 Starlite Drive
 Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS Hold Dieldrin & Heptachlor Epoxide Pb, PTC-S Select Explosives Dioxin/Furan 2,4-DNT TC-LP	TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____	
Project Contact: Tim Leahy			Contact Phone #: 410-612-6332					ADDITIONAL REQUIREMENTS	
Turn Around Requirements: 7 day			Location: Radford, VA						
Project ID: RFAAP 3WMD54									
Sampler (print): Jeff Hillebrand			Signature:						
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*				
54ASC42		X	5-26-10	8:00	Soil	3	1	1	1
54ASC43			5-26-10	8:05		3	1	1	1
54ASC44				8:10		4	1	1	1
54ASC45				8:15		3	1	1	1
54ASC46				8:20		3	1	1	1
54ATM46				8:25		3	1	1	1
54AMS46				8:30		3	1	1	1
54ASC47				8:35		3	1	1	1
54ASC48				8:40		4	1	1	1
54ASC49				8:45		3	1	1	1
54ASC50				8:50		3	1	1	1
54ASC51				8:55		3	1	1	1
54ASC52				9:00		4	1	1	1
54ASC53				9:05		3	1	1	1
54ASCO1				9:10		1	1	1	
54BDW33		✓	5-27-10	8:45		1			1
Relinquished by:						Date: 5/27/10	Time: 1:00	Received by: (Signature)	
Relinquished by: (Signature)						Date	Time	Received by: (Signature)	
Received for Laboratory by: (Signature)						Date	Time	Remarks:	

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 19554

158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E+I						NUMBER OF CONTAINERS Hold EXPLOSIVES 8330 HEPTACHLOR, DILDRIN LEAD, PCT-S dioxin, furan	TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____	
Project Contact: TIM LEAHY			Contact Phone #: 410-612-6332					ADDITIONAL REQUIREMENTS	
Turn Around Requirements: 7 day			Location: Radford Va.						
Project ID: SWMU 54-RAAP									
Sampler (print): S. KRITAK			Signature: <i>S. Kritak</i>						
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*				
54ATM 16		X	6/2/10	1100	S	3			
54ASC 17		X		1115	S	3			
54ASC 19		X		1130	S	3			
54ASC 29		X		1145	S	3			
54ASC 30		X		1200	S	3			
54ASC 44		X		1215	S	3			
54ATM 46		X	6/2/10	1230	S	3			
54ASC 01		X		9:00	S	1	X		
54ASC 06		X		915	S	1	X		
54ASC 10		X		930	S	1	X		
54ASC 14		X		945	S	1	X		
54ASC 18		X		1000	S	1	X		
54ASC 22		X		1015	S	1	X		
54ASC 26		X		1030	S	1	X		
54ASC 28		X		1045	S	1	X		
54ASC 32		X		1100	S	1	X		
54ASC 36		X		1:15	S	1	X		
54ASC 40		X		1:30	S	1	X		
54ASC 44		X		1:45	S	1	X		
54ASC 48		X	6/2/10	2:00	S	1	X		
Relinquished by: (Signature) <i>S. Kritak</i>						Date	Time	Received by: (Signature)	
Relinquished by: (Signature)						Date	Time	Received by: (Signature)	

Microbac OVD

Received: 06/03/2010 10:27

By: **BRENDA GREENWALT**

Brenda Greenwalt

221000006625

Date

Time

Remarks:

Hold until Notified
by TIM LEAHY

Hold until Notified

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 19554

158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

L10060092

Page 2 of 29

Company Name: Shaw E+I						Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____ ADDITIONAL REQUIREMENTS																
Project Contact: TIM LEAHY			Contact Phone #: 410-612-6332																			
Turn Around Requirements: 7 day			Location: Radford Va.																			
Project ID: SWMU 54-RAAP																						
Sampler (print): S. KRITAK			Signature: <i>SKritak</i>			TOTAL # (LAB USE)																
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*	NUMBER OF CONTAINERS	Hold	EXPLOSIVES 8330	HEPTACHLOR, DILDRIN	LEAD, PBT-S	dioxin, furan	Release for 8290 (Cape Fear)										
54ATM 16		X	6/2/10	1100	S	3		1	1	1												
54ASC 17		X		1115	S	3		1	1	1												
54ASC 19		X		1130	S	3		1	1	1												
54ASC 29		X		1145	S	3		1	1	1												
54ASC 30		X		1200	S	3		1	1	1												
54ASC 44		X		1215	S	3		1	1	1												
54ATM 46		X	6/2/10	1230	S	3		1	1	1												
54ASC 01		X		9:00	S	1	X				1		Hold until Notified by TIM LEAHY									
54ASC 06		X		915	S	1	X				1											
54ASC 10		X		930	S	1	X				1	X										
54ASC 14		X		945	S	1	X				1	X										
54ASC 18		X		1000	S	1	X				1	X										
54ASC 22		X		1015	S	1	X				1											
54ASC 26		X		1030	S	1	X				1											
54ASC 28		X		1045	S	1	X				1											
54ASC 32		X		1100	S	1	X				1	X										
54ASC 36		X		1115	S	1	X				1	X										
54ASC 40		X		1130	S	1	X				1											
54ASC 44		X		1145	S	1	X				1	X										
54ASC 48		X	6/2/10	2:00	S	1	X				1		Hold until Notified									
Relinquished by: (Signature) <i>SKritak</i>			Date: 6/2/10	Time: 5:00	Received by: (Signature) <i>Brenda Greenwalt</i>		Microbac OVD		Received: 06/03/2010 10:27		By: BRENDA GREENWALT		Date		Time	Received by: (Signature) <i>Donna M</i>						
Relinquished by: (Signature)			Date	Time	Received by: (Signature)								Remarks: 7/2/10 1040									

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

W0 # 1451 3.6

Page _____ of _____

The following table shows the results of the regression analysis for the dependent variable "Number of children in the household" (N = 1,000). The table is organized into three columns: "Variable", "Coefficient", and "Standard Error". The variables are categorized into "Demographics", "Economics", and "Social". The coefficients represent the estimated effect of each variable on the number of children in the household, while the standard errors indicate the precision of these estimates.

Variable	Coefficient	Standard Error
Age	-0.05	0.01
Gender	0.10	0.02
Marital Status	0.20	0.03
Income	-0.15	0.04
Education	-0.10	0.02
Religion	0.05	0.01
Region	0.15	0.03
Urban	0.10	0.02
Rural	0.05	0.01
Constant	1.50	0.10

The regression results indicate that the number of children in the household is influenced by various factors. Age and income have negative coefficients, suggesting that older parents and those with lower income tend to have fewer children. Conversely, marital status, education, and region have positive coefficients, indicating that married individuals, those with higher education, and those in certain regions tend to have more children. The constant term represents the expected number of children for a baseline individual.

158 Starlite Drive

CHAIN-OF-CUSTODY RECORD

Fax: 740-373-4835

[illegible]

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page _____ of _____

[illegible]

Microbac
CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071
Fax: 740-373-4835

[illegible]

COC No. A 16958


 158 Starlite Drive
 Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E+I						NUMBER OF CONTAINERS Hold EXPLOSIVES (8330) Heptachlor, dieldrin, PCB129 Lead, PCB-S	TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____	
Project Contact: TIM LEAHY			Contact Phone #: 410-612-6332					ADDITIONAL REQUIREMENTS	
Turn Around Requirements: 7 day			Location: RADFORD						
Project ID: SWMU 54- RAAP (AREA B)									
Sampler (print): S. KRITAK			Signature: SKritak						
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*				
54BSC54		X	6/9/10	9:00	S	3	1	1	1
54BSC55		X		9:15		3	1	1	1
54BSC56		X		9:30		3	1	1	1
54BSC57		X		9:45		3	1	1	1
54BSC58		X		10:00		3	1	1	1
54BSC59		X		10:15		3	1	1	1
54BSC60		X		10:30		3	1	1	1
54BSC61		X		10:45		3	1	1	1
54BSC62		X		11:00		3	1	1	1
54BSC63		X		11:15		3	1	1	1
54BSC64		X		11:30		3	1	1	1
54BSC65		X		11:45		3	1	1	1
54BSC66		X		12:00		3	1	1	1
54BSC67		X		12:15		3	1	1	1
54BSC68		X		12:30		3	1	1	1
54BSC69		X		12:45		3	1	1	1
54BSC70		X		1:00		3	1	1	1
54BSC71		X	6/9/10	1:15	S	3	1	1	1
Relinquished by: (Signature) SKritak						Date	Time	Received by: (Signature)	
Relinquished by: (Signature)						Date	Time	Received by: (Signature)	
Microbac OVD Received: 06/10/2010 10:42 By: ANNIE BROWN Annie Brown						221000006802 Date Time Received by: (Signature)			
Remarks:									

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 17621

158 Starlite Drive
Marietta, OH 45750

Microbac

Phone: 740-373-4071

Fax: 740-373-4835

CHAIN-OF-CUSTODY RECORD

Company Name: <u>Shaw E&I</u>						NUMBER OF CONTAINERS	Hold	Dieldrin, Heptachlor, PCB 1254	Po, Pet. S	Select explosives	Biotin / Furan	TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____
Project Contact: <u>Eric Maloney</u>		Contact Phone #: <u>410-612-6322</u>											ADDITIONAL REQUIREMENTS
Turn Around Requirements: <u>7 day</u>		Location: <u>RFAAP</u>											
Project ID: <u>SWMU 54</u>													
Sampler (print): <u>J. Hillebrand</u>		Signature: <u>[Signature]</u>											
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*								
54BSC72	4	X	6-15-10	8:00	Soil	4	X	X	X	X			hold Diox/furan
54BSC73				8:05		3							
54BSC74				8:10		3							
54BSC75				8:15		3							
54BSC76				8:20		4				X	Not Released		hold Diox/furan
54BSC77				8:25		3							
54BSC78				8:30		3							
54BSC79				8:35		3							
54BSC80				8:40		3							
54BSC81				8:45		4				X	Not Released		hold diox/furan
54BSC82				8:50		3							
54BSC83				8:55		3							
54BSC84				9:00		3							
54BSC85				9:05		4				X			hold diox/furan
54BSC86				9:10		3							
54BSC87				9:15		3							
54BSC88				9:20		3							MS/MSD
54BSC89				9:25		3							
54BSC90				9:30		3							
54BSC91				9:35		4				X			hold diox/furan
Relinquished by: <u>[Signature]</u>		Date: <u>6-16-10</u>	Time: <u>145</u>	Received by: <u>Microbac OVD</u>		Relinquished by: <u>221000006955</u>		Date: <u>7/13/10</u>	Time: <u>10:10</u>	Received by: <u>[Signature]</u>		Remarks: <u>4.4</u>	
Relinquished by: <u>[Signature]</u>		Date: _____	Time: _____	Received by: <u>By: ROBIN KLINGER</u>		Relinquished by: <u>[Signature]</u>		Date: _____		Time: _____		Remarks: <u>W0 #1466</u>	

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 17622

158 Starlite Drive

Marietta, OH 45750

Microbac

Phone: 740-373-4071

Fax: 740-373-4835

CHAIN-OF-CUSTODY RECORD

Company Name:

Shaw E&I

Project Contact:

Eric Malarek

Contact Phone #:

910 612 6322

Turn Around Requirements:

7 day

Location:

RFAAP

Project ID:

SWMU 54

Sampler (print):

J. Hillebrand

Signature:

Sample I.D. No.	Comp	Grab	Date	Time	Matrix*	NUMBER OF CONTAINERS	Hold	Dieldrin, Heptachlor, PCP, DDT, PCB, PCT-S	Select Explosives	Dioxin/Furan	TOTAL # (LAB USE)	Program	ADDITIONAL REQUIREMENTS
54B SC89		X	6-15-10	9:40	Soil	3		X	X	X			
54B SC90				9:45		3							
54B SC91				9:50		3							
54B SC92				9:55		4				X			hold dioxin/furan
54B SC93				10:00		3							
54B SC94				10:05		3							
54B SC95				10:10		3							
54B SC96				10:15		3				X			hold dioxin/furan
54B SC97				10:20		3							
54B SC98				10:25		3							
54B SC99				10:30		3							
54B SC100				10:35		4				X			hold dioxin/furan
54B SC101				10:40		3							
54B SC102				10:45		3							
54B SC103				10:50		3							
54B SC104				10:55		4				X			hold dioxin/furan
54B SC105				11:00		3							
54B SC106				11:05		3							
54B TM106				11:10		3							
Relinquished by: (Signature)	Date	Time	Received by: (Signature)	Date	Time								
	6/16/10	14:5											
Relinquished by: (Signature)	Date	Time	Received for Laboratory by: (Signature)	Date	Time								
	6/13/10	10:10											

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Microbac OVD

221000006985

Received: 06/17/2010 09:40

By: ROBIN KLINGER

Robin L. Klinger
CWO #1466

COC No. A 17621

158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Dieldrin, Heptachlor, PCB, DDT, Aldrin, Endrin, Heptachlor Epoxide, Toxaphene, Heptachlor, Heptachlor Epoxide, Toxaphene, Heptachlor, Heptachlor Epoxide, Toxaphene	Pol, Pot-S	Select explosives	Biotin / Furan	TOTAL # (LAB USE)	Program	
Project Contact: Eric Malarex		Contact Phone #: 410-612-6322		☐ CWA	☐ RCRA									
Turn Around Requirements: 7 day		Location: RFAAP		☐ DOD	☐ AFCEE									
Project ID: SWMU 54		Signature: <i>[Signature]</i>		☐ Other										
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*									ADDITIONAL REQUIREMENTS
54BSC72	4	X	6-15-10	8:00	Soil	4	X	X	X	X				hold Diox/furan
54BSC73				8:05		3								
54BSC74				8:10		3								
54BSC75				8:15		3								
54BSC76				8:20		4				X				hold Diox/furan
54BTM76				8:25		3								
54BSC77				8:30		3								
54BSC78				8:35		3								
54BSC79				8:40		3								
54BSC80				8:45		4				X				hold diox/furan
54BSC81				8:50		3								
54BSC82				8:55		3								
54BSC83				9:00		3								
54BSC84				9:05		4				X				hold diox/furan
54BSC85				9:10		3								
54BSC86				9:15		3								
54BTM86				9:20		3								
54BMS86				9:25		3								MS/MSO
54BSC87				9:30		3								
54BSC88				9:35		4				X				hold diox/furan
Relinquished by: <i>[Signature]</i>		Date: 6-16-10	Time: 145	Received by: Microbac OVD		Relinquished by: 221000006955		Date:	Time:	Received by: <i>[Signature]</i>		Remarks:		
Relinquished by: <i>[Signature]</i>		Date:	Time:	Received by: <i>[Signature]</i>		Received: 06/17/2010 09:40								
				By: ROBIN KLINGER										

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and goals and identifying any areas for improvement.

158 Starlite Drive

Marietta, OH 45750



Fax: 740-373-4835

[illegible]

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 17622

158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS Hold Dieldrin, Heptachlor, PCBs Pb, PCT-S Select Explosives Dioxin/Furan		TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____	
Project Contact: Eric Malarex				Contact Phone #: 410 612 6322					ADDITIONAL REQUIREMENTS	
Turn Around Requirements: 7 day				Location: RFAAP						
Project ID: SWMU 54										
Sampler (print): J. Hillebrand				Signature: <i>[Signature]</i>						
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*	NUMBER OF CONTAINERS	Hold			
54B SC89		X	6.15.10	9:40	Soil	3	X	X	X	
54B SC90				9:45		3				
54B SC91				9:50		3				
54B SC92				9:55		4				hold dioxin/furan
54B SC93				10:00		3				
54B SC94				10:05		3				
54B SC95				10:10		3				
54B SC96				10:15		3				hold dioxin/furan
54B TM96				10:20		3				
54B SC97				10:25		3				
54B SC98				10:30		3				
54B SC99				10:35		3				
54B SC100				10:40		4			X	hold dioxin/furan
54B SC101				10:45		3				
54B SC102				10:50		3				
54B SC103				10:55		3				
54B SC104				11:00		4			X	hold dioxin/furan
54B SC105				11:05		3				
54B SC106				11:10		3				
54B TM106				11:15		3				
Relinquished by: <i>[Signature]</i>		Date: 6/16/10	Time: 145	Received by: <i>[Signature]</i>		Relinq (Signature):		Microbac OVD Received: 06/17/2010 09:40 By: ROBIN KLINGER		
Relinquished by: <i>[Signature]</i>		Date:	Time:	Received for Laboratory by: <i>[Signature]</i>		Da		Robin L. Klinger		

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 17622

158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS Hold Dieldrin, Heptachlor, PCBs, PAHs, PCT-S Select Explosives Dioxin/Furan										TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____					
Project Contact: Eric Malarek				Contact Phone #: 410 612 6322													ADDITIONAL REQUIREMENTS					
Turn Around Requirements: 7 day				Location: RFAAP																		
Project ID: SWMU 54																						
Sampler (print): J. Hillebrand				Signature: <i>[Signature]</i>																		
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*	NUMBER OF CONTAINERS	Hold	Dieldrin, Heptachlor, PCBs, PAHs, PCT-S	Select Explosives	Dioxin/Furan											TOTAL # (LAB USE)	ADDITIONAL REQUIREMENTS
54B SC89		X	6.15.10	9:40	Soil	3	X	X	X													
54B SC90				9:45		3																
54B SC91				9:50		3																
54B SC92				9:55		4				X												hold dioxin/furan
54B SC93				10:00		3																
54B SC94				10:05		3																
54B SC95				10:10		3																
54B SC96				10:15		3				X												hold dioxin/furan
54B TM96				10:20		3																
54B SC97				10:25		3																
54B SC98				10:30		3																
54B SC99				10:35		3																
54B SC100				10:40		4				X												hold dioxin/furan
54B SC101				10:45		3																
54B SC102				10:50		3																
54B SC103				10:55		3																
54B SC104				11:00		4				X												hold dioxin/furan
54B SC105				11:05		3																
54B SC106				11:10		3																
54B TM106				11:15		3																
Relinquished by: <i>[Signature]</i>		Date: 6/16/10		Time: 145		Received by: <i>[Signature]</i>		Relinq (Signature):												221000006985		
Relinquished by: <i>[Signature]</i>		Date:		Time:		Received for Laboratory by: <i>[Signature]</i>		Da												Microbac OVD Received: 06/17/2010 09:40 By: ROBIN KLINGER <i>Robin L. Klinger</i>		

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 17619



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Dabbing, Hept. Spots, PCB-1254	Pb, Pct-5	Select explosives	Dioxin/furan	TOTAL # (LAB USE)	Program			
Project Contact: Eric Malarek				Contact Phone #: 4106126322									☐ CWA	☐ RCRA		
Turn Around Requirements: 7 day				Location: RFAP									☐ DOD	☐ AFCEE		
Project ID: SWMV 54													☐ Other _____	ADDITIONAL REQUIREMENTS		
Sampler (print): J. Hillebrand				Signature: <i>[Signature]</i>												
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*											
54BMS106		X	6-18-10	11:20	Soil	2		X	X	X				MS/MSD		
54BSC107				11:25		3										
54BSC108				11:30		4					X			hold diox/furan		
54BSC109				11:35		3										
54BSC110				11:40		3										
54BSC111				11:45		3										
54BSC112				11:50		4				X				hold Diox/furan		
54BSC113				11:55		3										
54BSC114				12:00		3										
54BSC115				12:45		3										
54BSC116				12:50		4				X				hold diox/furan		
54BTM116				12:55		3										
54BSC117				1300		3										
54BSC118				1305		3										
54BSC119				1310		3										
54BSC120				1315		4				X				hold diox/furan		
54BSC121				1320		3										
54BSC122				1325		3										
54BSC123				1330		3										
54BSC124				1335		4				X						
Relinquished by: (Signature) <i>[Signature]</i>			Date 6/16/10	Time 145	Received by: (Signature) <i>[Signature]</i>			Microbac OVD			221000006986			Received by: (Signature)		
Relinquished by: (Signature)			Date	Time	Received for Laboratory by: (Signature)			Received: 06/17/2010 09:40			By: ROBIN KLINGER					

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 17619



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Dabbing, Hept. Spots, PCB-1254	Pb, Pct-5	Select explosives	Dioxin/furan	TOTAL # (LAB USE)	Program			
Project Contact: Eric Malarek				Contact Phone #: 4106126322									☐ CWA	☐ RCRA		
Turn Around Requirements: 7 day				Location: RFAP									☐ DOD	☐ AFCEE		
Project ID: SWMV 54													☐ Other _____	ADDITIONAL REQUIREMENTS		
Sampler (print): J. Hillebrand				Signature: <i>[Signature]</i>												
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*											
54BMS106		X	6-18-10	11:20	50/1	2		X	X	X				MS/MSD		
54BSC107				11:25		3										
54BSC108				11:30		4					X			hold diox/furan		
54BSC109				11:35		3										
54BSC110				11:40		3										
54BSC111				11:45		3										
54BSC112				11:50		4				X				hold Diox/furan		
54BSC113				11:55		3										
54BSC114				12:00		3										
54BSC115				12:45		3										
54BSC116				12:50		4				X				hold diox/furan		
54BTM116				12:55		3										
54BSC117				13:00		3										
54BSC118				13:05		3										
54BSC119				13:10		3										
54BSC120				13:15		4				X				hold diox/furan		
54BSC121				13:20		3										
54BSC122				13:25		3										
54BSC123				13:30		2										
54BSC124				13:35		4				X						
Relinquished by: (Signature) <i>[Signature]</i>		Date 6/16/10		Time 145	Received by: (Signature)		Microbac OVD		221000006986		Received by: (Signature)					
Relinquished by: (Signature)		Date		Time	Received for Laboratory by: (Signature)		Received: 06/17/2010 09:40		By: ROBIN KLINGER							
							<i>Robin L. Klinger</i>									

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 17620



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Dieldrin, Hept. Epoxide, PCB 1854	Pb, Pct. S	Select explosives	Dioxin/Furan	Dioxin/Furan	TOTAL # (LAB USE)	Program			
Project Contact: Eric Malarek				Contact Phone #: 410 612 6322										☐ CWA	☐ RCRA		
Turn Around Requirements: 7 days				Location: RFAAP										☐ DOD	☐ AFCEE		
Project ID: Sumu 54														☐ Other _____			
Sampler (print): J. Hillebrand				Signature: <i>[Signature]</i>										ADDITIONAL REQUIREMENTS			
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*												
54BSC125		X	6/15/10	1340	Soil	3		X	X	X							
54BSC126				1345		3											
54BTM126				1350		3											
54BMS126				1355		3									MS/MSD		
54BSC127				1400		3											
54BSC128				1405		4					X				hold Diox/Furan		
54BSC129				1410		3											
54BSC130				1415		3											
54BSC131				1420		3											
54BSC132				1425		4					X				hold Diox/Furan		
54BSC133				1430		3											
54BTM136				1435		3											
54BTM66				1435 1440		3											
54BMS66				1445		3		↓	↓	↓					MS/MSD		
54BSC55				1450		1					X				Hold diox/Furan		
54BSC59				1455		1					X				Hold diox/Furan		
54BSC63				1500		1					X				Hold diox/Furan		
54BSC67		↓	↓	1505		1					X				Hold diox/Furan		
Relinquished by: (Signature) <i>[Signature]</i>						Date 6-16-10	Time 145	Received by: (Signature)		Microbac OVD		221000006987	Time	Received by: (Signature)			
Relinquished by: (Signature)						Date	Time	Received for Lab (Signature)		By: ROBIN KLINGER		arks:					

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

[illegible]

Microbac
CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071
Fax: 740-373-4835

L10060524

Page 2 of 22

Company Name: Shaw E+I						NUMBER OF CONTAINERS	Hold	Diels Alder, Hept Epoxides, PCBs	Po, Pet, S	Select explosives	Dioxin/Furan	Dioxin/Furan	Released for 8290 (Cape Fear)	TOTAL # (LAB USE)	Program	
Project Contact: Eric Malarek		Contact Phone #: 410 612 6322		Turn Around Requirements: 7 days											Location: RFAAP	
Project ID: SUMU 54						Sampler (print): J. Hillebrand		Signature: [Signature]		ADDITIONAL REQUIREMENTS						
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*											
54BSC125		X	6/15/10	1340	Soil	3	X	X	X							
54BSC126				1345		3										
54BTM126				1350		3										
54BMS126				1355		3										MS/MSD
54BSC127				1400		3										
54BSC128				1405		4					X					hold Diox/Furan
54BSC129				1410		3										
54BSC130				1415		3										
54BSC131				1420		3										
54BSC132				1425		4					X					hold Diox/Furan
54BSC133				1430		3										
54BTM136				1435		3										
54BMS136				1440		3										
54BMS136				1445		3										MS/MSD
54BSC155				1450		1					X					Hold diox/Furan
54BSC159				1455		1					X					Hold diox/Furan
54BSC163				1500		1					X					Hold diox/Furan
54BSC167				1505		1					X					Hold diox/Furan

Relinquished by: [Signature]

Relinquished by: [Signature]

Date: 6/16/10

Date:

Time: 145

Time:

Received by: [Signature]

Received for Lab (Signature):

Microbac OVD

Received: 06/17/2010 09:40

By: ROBIN KLINGER

[Signature: Robin L. Klinger]

221000006987

Time

Received by: [Signature]

arks: 7/2/10 1040

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

W0 # 1452 3.6

Page 9 of 10

COC No. A 17620



158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: Shaw E&I						NUMBER OF CONTAINERS	Hold	Dieldrin, Hept. Epoxide, PCB 1854	Pb, Pct. S	Select explosives	Dioxin/Furan	Dioxin/Furan	TOTAL # (LAB USE)	Program			
Project Contact: Eric Malarek				Contact Phone #: 410 612 6322										☐ CWA	☐ RCRA		
Turn Around Requirements: 7 days				Location: RFAAP										☐ DOD	☐ AFCEE		
Project ID: Sumu 54														☐ Other _____			
Sampler (print): J. Hillebrand				Signature: <i>[Signature]</i>										ADDITIONAL REQUIREMENTS			
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*												
54BSC125		X	6/15/10	1340	Soil	3		X	X	X							
54BSC126				1345		3											
54BTM126				1350		3											
54BMS126				1355		3									MS/MSD		
54BSC127				1400		3											
54BSC128				1405		4					X				hold Diox/Furan		
54BSC129				1410		3											
54BSC130				1415		3											
54BSC131				1420		3											
54BSC132				1425		4					X				hold Diox/Furan		
54BSC133				1430		3											
54BTM156				1435		3											
54BTM166				1435 1440		3											
54BMS166				1445		3		↓	↓	↓					MS/MSD		
54BSC55				1450		1					X				Hold diox/Furan		
54BSC59				1455		1					X				Hold diox/Furan		
54BSC63				1500		1					X				Hold diox/Furan		
54BSC67		↓	↓	1505		1					X				Hold diox/Furan		
Relinquished by: (Signature) <i>[Signature]</i>						Date 6-16-10	Time 145	Received by: (Signature)		Microbac OVD		221000006987	Time	Received by: (Signature)			
Relinquished by: (Signature)						Date	Time	Received for Lab (Signature)		By: ROBIN KLINGER			arks:				
								<i>Robin L. Klinger</i>									

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

[illegible]

Marietta, OH 45750



CHAIN-OF-CUSTODY RECORD

Fax: 740-373-4835

Company Name: SHAW E+I																										Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____																						
Project Contact: TIM LEAHY						Contact Phone #: 410 612 6332																																										
Turn Around Requirements: 7 day						Location: Radford Va.																																										
Project ID: SWMU 54- RAAP (AREA A)																																																
Sampler (print): G.DAVIS /C. Brinser						Signature: x Skintak																																										
Sample I.D. No.						Comp	Grab	Date		Time		Matrix*		NUMBER OF CONTAINERS	Hold	EXPLOSIVES (8330)	HEPACHLOROPYRIDE, Dieldrin	LEAD, PCB-S											TOTAL # (LAB USE)										ADDITIONAL REQUIREMENTS									
54ASC03B							X	7/15/10		9:00		S		3		1	1	1																					SAMPLE JARS									
54ASC06B							X			9:15				3		1	1	1																					NOT DATED									
54ASC16B							X			9:30				3		1	1	1																														
54ASC17B							X			9:45				3		1	1	1																														
54ASC22B							X			10:00				3		1	1	1																														
54ASC26B							X			10:15				3		1	1	1																														
54ASC27B							X			10:30				3		1	1	1																														
54ASC28B							X			10:45				3		1	1	1																														
54ASC37B							X			11:00				3		1	1	1																														
54ASC38B							X			11:15				3		1	1	1																														
54ASC39B							X			11:30				3		1	1	1																														
54ASC40B							X			11:45				3		1	1	1																														
54ASC41B							X			12:00				3		1	1	1																														
54ASC47B							X			12:15				3		1	1	1																														
54ASC48B							X			12:30				3		1	1	1																														
54ASC49B							X			12:45				3		1	1	1																														
54ASC50B							X			1:00				3		1	1	1																														
54ASC51B							X			1:15				3		1	1	1																					SAMPLE JAR									
54ASC52B							X	7/15/10		1:30		S		3		1	1	1																					NOT DATED									
Relinquished by: (Signature) x Skintak						Date 7/15/10		Time 2:00		Receive (Signe  Microbac OVD		Relinquished by:										Date		Time		Received by: (Signature) By: ROBIN KLINGER										Remarks:												
Relinquished by: (Signature)						Date		Time		Receive (Signe  Received: 07/16/2010 10:17		221000007584																																				

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page _____ of _____

[illegible]

Marietta, OH 45750



CHAIN-OF-CUSTODY RECORD

Fax: 740-373-4835

[illegible]

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page _____ of _____

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves comparing the actual outcomes with the original objectives and goals to determine the effectiveness of the project.

Marietta, OH 45750



Fax: 740-373-4835

[illegible]

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page _____ of _____

[illegible]

Marietta, OH 45750

CHAIN-OF-CUSTODY RECORD

Fax: 740-373-4835

[illegible]

Page _____ of _____

158 Starlite Drive
Marietta, OH 45750



Phone: 740-373-4071
Fax: 740-373-4835

[illegible]

*Water (W) Soil (S) Solid Waste (SD). Unknown (X)

$$\text{Temp} = 1.9^\circ$$

[illegible]

CHAIN-OF-CUSTODY RECORD

Fax: 740-373-4835

[illegible]

Page 1 of 1

[illegible]

158 Starlite Drive

CHAIN-OF-CUSTODY RECORD

Fax: 740-373-4835

[illegible]

Page _____ of _____

1. **THE COMPANY'S NAME** is the name of the company as it appears on the company's letterhead. If the company is a subsidiary of a larger company, the name of the parent company should be included.

2. **THE COMPANY'S ADDRESS** is the address of the company's principal office. If the company has multiple offices, the address of the principal office should be included.

3. **THE COMPANY'S PHONE NUMBER** is the phone number of the company's principal office. If the company has multiple offices, the phone number of the principal office should be included.

4. **THE COMPANY'S FAX NUMBER** is the fax number of the company's principal office. If the company has multiple offices, the fax number of the principal office should be included.

5. **THE COMPANY'S E-MAIL ADDRESS** is the e-mail address of the company's principal office. If the company has multiple offices, the e-mail address of the principal office should be included.

6. **THE COMPANY'S WEBSITE ADDRESS** is the website address of the company's principal office. If the company has multiple offices, the website address of the principal office should be included.

7. **THE COMPANY'S DESCRIPTION** is a brief description of the company's business. This should include the company's products and services, its market, and its competitive advantage.

8. **THE COMPANY'S FINANCIAL STATEMENTS** are the company's financial statements for the most recent fiscal year. These should include the company's income statement, balance sheet, and cash flow statement.

9. **THE COMPANY'S MANAGEMENT TEAM** is the company's management team. This should include the names and titles of the company's executive officers, directors, and key management personnel.

10. **THE COMPANY'S BOARD OF DIRECTORS** is the company's board of directors. This should include the names and titles of the company's directors.

11. **THE COMPANY'S LEGAL COUNSEL** is the company's legal counsel. This should include the name and title of the company's legal counsel.

12. **THE COMPANY'S ACCOUNTING FIRM** is the company's accounting firm. This should include the name and title of the company's accounting firm.

13. **THE COMPANY'S BANKING RELATIONSHIPS** are the company's banking relationships. This should include the names and titles of the company's banks and other financial institutions.

14. **THE COMPANY'S CREDIT RATING** is the company's credit rating. This should include the company's credit rating from a recognized credit rating agency.

15. **THE COMPANY'S RISK MANAGEMENT** is the company's risk management. This should include the company's risk management policies and procedures.

16. **THE COMPANY'S COMPLIANCE** is the company's compliance. This should include the company's compliance with applicable laws and regulations.

17. **THE COMPANY'S ENVIRONMENTAL RECORD** is the company's environmental record. This should include the company's environmental record over the past five years.

18. **THE COMPANY'S SOCIAL RESPONSIBILITY** is the company's social responsibility. This should include the company's social responsibility policies and procedures.

19. **THE COMPANY'S GOVERNANCE** is the company's governance. This should include the company's governance policies and procedures.

20. **THE COMPANY'S OTHER INFORMATION** is any other information that the company wishes to provide. This could include information about the company's future plans, its relationships with other companies, or any other information that the company deems relevant.

Marietta, OH 45750

CHAIN-OF-CUSTODY RECORD

Fax: 740-373-4835

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

COC No. A 15379

158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: SHAW E+I						NUMBER OF CONTAINERS Hold Dioxin/Furan EXPOSURES (8330) Hexachlor, dieldrin, PCBs LEAD, PCP-S										TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other																		
Project Contact: TIM LEAHY			Contact Phone #: 410 612 6332														ADDITIONAL REQUIREMENTS																		
Turn Around Requirements: 7 day			Location: Radford, Va.																																
Project ID: RFAAP-SWMU 54																																			
Sampler (print): S. KRITAK			Signature: <i>S. Kritak</i>																																
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
54ASC06C		X	8/16/10	1:45P	S	1	X	1																											Hold
54ASC26C		X		2:00P		1	X	1																											Hold
54ASC28C		X		2:15P		1	X	1																											Hold
54ASC40C		X		2:30P		1	X	1																											Hold
54ASC49C		X		2:45P		1	X	1																											Hold
54ASC52C		X		3:00P		1	X	1																											Hold
54BSC72C		X		12:30		1	X	1																											Hold
54BSC76C		X		12:45		1	X	1																											OK TO RUN
54BSC94C		X		13:00		1	X	1																											Hold
54BSC120C		X		1315		1	X	1																											Hold
54BSC119C		X	8/16/10	1:30	S	3																													
Relinquished by - <i>S. Kritak</i>						Date: 8/16/10		Time: 5:00P		Microbac OVD Received: 08/17/2010 10:44 By: ROBIN KLINGER <i>Robin L. Klinger</i>										Date		Time		Received by: (Signature)											
Relinquished by: (Signature)						Date		Time		Remarks: FEDEX AIR Bill NO. 865927006741																									

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page 1 of 1

COC No. A 15379

158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Page 2 of 19

Company Name: SHAW ETI						NUMBER OF CONTAINERS Hold Dioxins/FURAN EXPLOSIVES (8330) Haptachlor, dieldrin, PCBs/PCBISY LEAD, PCT-S		TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other	
Project Contact: TIM LEAHY				Contact Phone #: 410 612 6332					ADDITIONAL REQUIREMENTS	
Turn Around Requirements: 7day				Location: Radford, Va.						
Project ID: RFAAP-SWNU 54										
Sampler (print): S KRITAK				Signature: <i>S Kratak</i>						
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*	NUMBER OF CONTAINERS	Hold			
54ASC06C		X	8/16/10	1:45P	S	1	X	1		Hold
54ASC26C		X		2:00P		1	X	1		Hold
54ASC28C		X		2:15P		1	X	1		Hold
54ASC40C		X		2:30P		1	X	1		Hold
54ASC49C		X		2:45P		1	X	1		Hold
54ASC52C		X		3:00P		1	X	1		Hold
54BSC72C		X		12:30		1	X	1		Hold
54BSC76C		X		12:45		1	X	1		OK TO RUN
54BSC94C		X		13:00		1	X	1		Hold
54BSC120C		X		13:15		1	X	1		Hold
54BSC119C		X	8/16/10	1:30	S	3		1	1	
Relinquished by: <i>S Kratak</i>						Date: 8/16/10		Time: 5:00P		
Relinquished by: (Signature)						Date		Time		Received by: (Signature) <i>Cynde Larkins</i>
Remarks: FEDEX Air Bill No. 865927006741										

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

WO#1583

Page 1 of 1

COC No. A 15379

158 Starlite Drive

Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Phone: 740-373-4071

Fax: 740-373-4835

Company Name: SHAW E+I						NUMBER OF CONTAINERS Hold Dioxin/Furan EXPOSURES (8330) Hexachlor, dieldrin, PCBs LEAD, PCP-S										TOTAL # (LAB USE)	Program ☐ CWA ☐ RCRA ☐ DOD ☐ AFCEE ☐ Other _____																		
Project Contact: TIM LEAHY				Contact Phone #: 410 612 6332													ADDITIONAL REQUIREMENTS																		
Turn Around Requirements: 7 day				Location: Radford, Va.																															
Project ID: RFAAP-SWMU 54																																			
Sampler (print): S. KRITAK				Signature: <i>[Signature]</i>																															
Sample I.D. No.	Comp	Grab	Date	Time	Matrix*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
54ASC06C		X	8/16/10	1:45P	S	1	X	1																											Hold
54ASC26C		X		2:00P		1	X	1																										Hold	
54ASC28C		X		2:15P		1	X	1																										Hold	
54ASC40C		X		2:30P		1	X	1																										Hold	
54ASC49C		X		2:45P		1	X	1																										Hold	
54ASC52C		X		3:00P		1	X	1																										Hold	
54BSC72C		X		12:30		1	X	1																										Hold	
54BSC76C		X		12:45		1	X	1																										OK TO RUN	
54BSC94C		X		13:00		1	X	1																										Hold	
54BSC120C		X		1315		1	X	1																										Hold	
54BSC119C		X	8/16/10	1:30	S	3		1	1	1																									
Relinquished by - <i>[Signature]</i>						Date: 8/16/10		Time: 5:00P		Microbac OVD Received: 08/17/2010 10:44 By: ROBIN KLINGER <i>[Signature]</i>										Date		Time		Received by: (Signature)											
Relinquished by: (Signature)						Date		Time		Remarks: FEDEX AIR Bill NO. 865927006741																									

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page 1 of 1

[illegible]

Marietta, OH 45750



Fax: 740-373-4835

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

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Relog-Sub
 L1008-0436-07
 L1008-0436-09
 B35738
 Phone: 740-373-4071
 Fax: 740-373-4835

COC No. A 15379

158 Starlite Drive
 Marietta, OH 45750

Microbac

CHAIN-OF-CUSTODY RECORD

Released for Dioxins + Furans

Company Name: **SHAW E+I**

Project Contact: **TIM LEAHY** Contact Phone #: **410 612 6332**

Turn Around Requirements: **7 day** Location: **Radford, Va.**

Project ID: **RFAAP-SWU 54**

Sampler (print): **S. KRITAK** Signature: *[Signature]*

Sample I.D. No.	Comp	Grab	Date	Time	Matrix*	NUMBER OF CONTAINERS		Dioxins/Furans	EXPLOSIVES (8330)	Haptachlor, dieldrin, PCBs etc	LEAD, PCP-S	TOTAL # (LAB USE)
							Hold					
54ASC06C		X	8/16/10	1:45P	S	1	X					
54ASC26C		X		2:00P		1	X					
54ASC28C		X		2:15P		1	X					
54ASC40C		X		2:30P		1	X					
54ASC49C		X		2:45P		1	X					
54ASC58C		X		3:00P		1	X					
* 54BSC72C		X		12:30		1	X				X	
54BSC76C		X		12:45		1	X					
54BSC94C		X		13:00		1	X					
* 54BSC120C		X		13:15		1	X				X	
54BSC119C		X	8/16/10	1:30	S	3			1	1	1	

Program

☐ CWA
☐ RCRA
☐ DOD
☐ AFCEE
☐ Other

ADDITIONAL REQUIREMENTS

Hold
 Hold
 Hold
 Hold
 Hold
 Hold
 OK TO RUN
 Hold
 Hold

*
*

Relinquished by: *[Signature]* Date: **8/16/10** Time: **5:00P**

Relinquished by: *[Signature]* Date: **8/17/10** Time: **5:00P**

Microbac OVD
 Received: 08/17/2010 10:44
 By: ROBIN KLINGER
[Signature]

221000008498

Date: Time: Received by: (Signature)

Remarks: **FEDEX AIR Bill No. 865927006741**

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

NO#1615

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the work.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete them.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress to ensure that the objectives are being met.

5. The final step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and identifying any areas for improvement or further action.

Marietta, OH 45750



Fax: 740-373-4835

[illegible]

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Page 1 of 1

1. Name of the company: _____
2. Address: _____
3. City: _____
4. State: _____
5. Zip: _____
6. Phone: _____
7. Fax: _____
8. E-mail: _____
9. Website: _____
10. Product/Service: _____
11. Description of the product/service: _____
12. Price: _____
13. Quantity: _____
14. Date: _____
15. Signature: _____
16. Name: _____
17. Title: _____
18. Company: _____
19. Address: _____
20. City: _____
21. State: _____
22. Zip: _____
23. Phone: _____
24. Fax: _____
25. E-mail: _____
26. Website: _____
27. Product/Service: _____
28. Description of the product/service: _____
29. Price: _____
30. Quantity: _____
31. Date: _____
32. Signature: _____
33. Name: _____
34. Title: _____
35. Company: _____
36. Address: _____
37. City: _____
38. State: _____
39. Zip: _____
40. Phone: _____
41. Fax: _____
42. E-mail: _____
43. Website: _____
44. Product/Service: _____
45. Description of the product/service: _____
46. Price: _____
47. Quantity: _____
48. Date: _____
49. Signature: _____
50. Name: _____
51. Title: _____
52. Company: _____
53. Address: _____
54. City: _____
55. State: _____
56. Zip: _____
57. Phone: _____
58. Fax: _____
59. E-mail: _____
60. Website: _____
61. Product/Service: _____
62. Description of the product/service: _____
63. Price: _____
64. Quantity: _____
65. Date: _____
66. Signature: _____
67. Name: _____
68. Title: _____
69. Company: _____
70. Address: _____
71. City: _____
72. State: _____
73. Zip: _____
74. Phone: _____
75. Fax: _____
76. E-mail: _____
77. Website: _____
78. Product/Service: _____
79. Description of the product/service: _____
80. Price: _____
81. Quantity: _____
82. Date: _____
83. Signature: _____
84. Name: _____
85. Title: _____
86. Company: _____
87. Address: _____
88. City: _____
89. State: _____
90. Zip: _____
91. Phone: _____
92. Fax: _____
93. E-mail: _____
94. Website: _____
95. Product/Service: _____
96. Description of the product/service: _____
97. Price: _____
98. Quantity: _____
99. Date: _____
100. Signature: _____
101. Name: _____
102. Title: _____
103. Company: _____
104. Address: _____
105. City: _____
106. State: _____
107. Zip: _____
108. Phone: _____
109. Fax: _____
110. E-mail: _____
111. Website: _____
112. Product/Service: _____
113. Description of the product/service: _____
114. Price: _____
115. Quantity: _____
116. Date: _____
117. Signature: _____
118. Name: _____
119. Title: _____
120. Company: _____
121. Address: _____
122. City: _____
123. State: _____
124. Zip: _____
125. Phone: _____
126. Fax: _____
127. E-mail: _____
128. Website: _____
129. Product/Service: _____
130. Description of the product/service: _____
131. Price: _____
132. Quantity: _____
133. Date: _____
134. Signature: _____
135. Name: _____
136. Title: _____
137. Company: _____
138. Address: _____
139. City: _____
140. State: _____
141. Zip: _____
142. Phone: _____
143. Fax: _____
144. E-mail: _____
145. Website: _____
146. Product/Service: _____
147. Description of the product/service: _____
148. Price: _____
149. Quantity: _____
150. Date: _____
151. Signature: _____
152. Name: _____
153. Title: _____
154. Company: _____
155. Address: _____
156. City: _____
157. State: _____
158. Zip: _____
159. Phone: _____
160. Fax: _____
161. E-mail: _____
162. Website: _____
163. Product/Service: _____
164. Description of the product/service: _____
165. Price: _____
166. Quantity: _____
167. Date: _____
168. Signature: _____
169. Name: _____
170. Title: _____
171. Company: _____
172. Address: _____
173. City: _____
174. State: _____
175. Zip: _____
176. Phone: _____
177. Fax: _____
178. E-mail: _____
179. Website: _____
180. Product/Service: _____
181. Description of the product/service: _____
182. Price: _____
183. Quantity: _____
184. Date: _____
185. Signature: _____
186. Name: _____
187. Title: _____
188. Company: _____
189. Address: _____
190. City: _____
191. State: _____
192. Zip: _____
193. Phone: _____
194. Fax: _____
195. E-mail: _____
196. Website: _____
197. Product/Service: _____
198. Description of the product/service: _____
199. Price: _____
200. Quantity: _____
201. Date: _____
202. Signature: _____
203. Name: _____
204. Title: _____
205. Company: _____
206. Address: _____
207. City: _____
208. State: _____
209. Zip: _____
210. Phone: _____
211. Fax: _____
212. E-mail: _____
213. Website: _____
214. Product/Service: _____
215. Description of the product/service: _____
216. Price: _____
217. Quantity: _____
218. Date: _____
219. Signature: _____
220. Name: _____
221. Title: _____
222. Company: _____
223. Address: _____
224. City: _____
225. State: _____
226. Zip: _____
227. Phone: _____
228. Fax: _____
229. E-mail: _____
230. Website: _____
231. Product/Service: _____
232. Description of the product/service: _____
233. Price: _____
234. Quantity: _____
235. Date: _____
236. Signature: _____
237. Name: _____
238. Title: _____
239. Company: _____
240. Address: _____
241. City: _____
242. State: _____
243. Zip: _____
244. Phone: _____
245. Fax: _____
246. E-mail: _____
247. Website: _____
248. Product/Service: _____
249. Description of the product/service: _____
250. Price: _____
251. Quantity: _____
252. Date: _____
253. Signature: _____
254. Name: _____
255. Title: _____
256. Company: _____
257. Address: _____
258. City: _____
259. State: _____
260. Zip: _____
261. Phone: _____
262. Fax: _____
263. E-mail: _____
264. Website: _____
265. Product/Service: _____
266. Description of the product/service: _____
267. Price: _____
268. Quantity: _____
269. Date: _____
270. Signature: _____
271. Name: _____
272. Title: _____
273.

Marietta, OH 45750



Furans

Fax: 740-373-4835

Company Name: SHAW E+I		Project Contact: TIM LEATH	Turn Around Requirements: Today	Project ID: RFAAF-SWU054	Sampler (print): S Kreimle
Contact Phone #	710 612 6338	Location:	Pattford, Va.		Signature: SKreimle

NUMBER OF CONTAINERS

cinfurkay LOSIVES (8332) acodly, dieblum, PERBISY EAD, PCT-S	used for Diarrust Cape Fear
---	--------------------------------

L # (LAB USE)

☐ CWA	☐ RCRA	☐ DOD	☐ AFCEE	☐ Other
Program				

ADDITIONAL REQUIREMENTS

Sample ID No.	Comp	Grab	Date	Time	Matrix*	NUMB	Hold	DOD	EXL	HOLD	POL	TOTL
54ASC06C	X	X	8/16/10	1:45P	S	1	X	-	-	-	XX	
54ASC26C	X	X		2:00P		1	X	-	-	-		Hold
54ASC28C	X	X		2:15P		1	X	-	-	-		Hold
54ASC40C	X	X		2:30P		1	X	-	-	-		Hold
54ASC49C	X	X		2:45P		1	X	-	-	-		Hold
54ASC53C	X	X		3:00P		1	X	-	-	-		Hold
54ASC78C	X	X		12:30		1	X	-	-	-		Hold
54ASC79C	X	X		12:45		1	-	-	-	-		OK TO RUN
54BSC94C	X	X		13:00		1	X	-	-	-		Hold
54BSC120C	X	X		13:15		1	-	-	-	-		Hold
54BSC119C	X	X	8/16/10	1:30	S	3	-	-	-	-		

Relinquished by - (Signature)	8/10/10 Date	5:00P Time
Relinquished by: (Signature)	9/8/10 Date	10:35 Time

Microbac OVD
Received: 08/17/2010 10:44
By: ROBIN KLINGER

22100008760

5x5 off
Held
9/7/10 5x5

2091 HOM

Remarks: INDEX Air Bill No. 8659 a. 700 6741	
---	--

*Water (W), Soil (S), Solid Waste (SD), Unknown (X)

Appendix C

Disposal Documentation

Appendix C-1

Non-Hazardous Waste – Area A



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 261634

Customer Name	Shaw E and I Shaw E & I	Carrier	THOMPSON Thompson trucking, Inc.
Ticket Date	03/31/2010	Vehicle#	3087
Payment Type	Credit Account	Volume	
Manual Ticket#		Container	
Hauling Ticket#		Driver	
Route		Check#	
State Waste Code		Billing #	0001492
Manifest	2101	Gen EPA ID	
Destination		Grid	
PO	1) 517725 2) 517725 3) 517725		
Profile	101751VA (Non Hazardous Soils from Area A (SWMU-54))		
Generator	185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)		

	Time	Scale	Operator	Inbound	Gross	
In	03/31/2010 12:24:03	Inbound	judy		Tare	76640 lb
Out	03/31/2010 13:02:50	Outbound	judy		Net	28620 lb
					Tons	48020 lb
						24.01

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.01	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

3087
[Signature]

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landrill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 261635

Customer Name Shaw E and I Shaw E & I

Ticket Date 03/31/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2102

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 432 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	03/31/2010 12:27:28	Inbound	judy		Tare	78740 lb
Out	03/31/2010 13:04:55	Outbound	judy		Net	29820 lb
					Tons	48920 lb
						24.46

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.46	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tate



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **0** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MARCH 31, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0808**
- d) Vehicle License No./State: **55-74414 / VA**
- e) Trailer or Container No.: **# 66**
- f) Name of Driver: **LOREY TAYLOR**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **[Signature]** Date of Receipt **3-31-10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **[Signature]** Date of Receipt **[Signature]**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **[Signature]** Date of Receipt **3-31-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 261774

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/01/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2105

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3087 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/01/2010 12:20:46	Inbound	judy		Tare	90100 lb
Out	04/01/2010 12:58:16	Outbound	judy		Net	28520 lb
					Tons	61580 lb
						30.79

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	30.79	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

#3087 Richard B. Bates



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****26** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic BagH. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)*H. R. Blankenship*
Signature of Generator's Authorized AgentAPRIL 1, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **64-454 / VA**e) Trailer or Container No.: **3067113**f) Name of Driver: **THOMPSON, R. S. JR.**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver *R. S. Thompson* Date of Receipt **04/01/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sander**f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Sander 4-1-10**

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 261773

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/01/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code,
Manifest 2106
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 432
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PD 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/01/2010 12:18:21	Inbound	judy		Tare	105540 lb
Out	04/01/2010 12:55:22	Outbound	judy		Net	29740 lb
					Tons	75800 lb
						37.90

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	37.90	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tarte

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area A**
- h) Disposal Volume: **(1) Load**
26 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- | |
|---------------------------|
| TYPE OF CONTAINERS |
| TR - Truck |
| DM - Metal Drum |
| DP - Plastic Drum |
| BA - Bag |
| BB - 6 mil. Plastic Bag |
| BC - 12 mil. Plastic Bag |
- I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 1, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0808**
- d) Vehicle License No./State: **55-744 PY/VA**
- e) Trailer or Container No.: **34327 B6**
- f) Name of Driver: **WOLFF TARTIER**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
4/3/10 **04/01/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20321 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. J. J. J.**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **4-1-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 261685

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/01/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2104
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 422 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/01/2010 06:39:42	Inbound	judy		Tare	91240 lb
Out	04/01/2010 07:14:08	Outbound	judy		Net	32200 lb
					Tons	59040 lb
						29.52

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	29.52	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 64 - Area A**
h) Disposal Volume: **(1) Load**
255 Tons _____ Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 1, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **14-860 XA / VA**
e) Trailer or Container No.: **3122/45**
f) Name of Driver: **Raymond Lowe**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Raymond Lowe **03/31/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **Donna A. Jeters**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Donna A. Jeters **12-1-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hmeria Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 261684

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/01/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2103

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFARP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 455

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/01/2010 06:37:41	Inbound	judy		Tare	89940 lb
Out	04/01/2010 07:10:43	Outbound	judy		Net	29260 lb
					Tons	60680 lb
						30.34

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	30.34	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

John E. Dwyer # 455



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area A**
h) Disposal Volume: **(1) Load**
25.5 Tons **1** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

MARCH 31, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-755 PY / VA.**
e) Trailer or Container No.: **455 / 44**
f) Name of Driver: **John E. Dineen**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
03/31/2010
Signature of Driver *John E. Dineen* Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *Scotty*
f) The material delivered by the Transporter has been received at the Disposal Facility. *Scotty 3-1-10*
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 261835

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/02/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2108

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 247 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/02/2010 06:27:15	Inbound	rodregus		Tare	88520 lb 32480 lb
Out	04/02/2010 07:13:59	Outbound	rodregus		Net	56040 lb
					Tons	28.02

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	28.02	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

B. Weigh
247



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2108**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area A**

h) Disposal Volume: **(1) Load**
25 Tons **_____** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP**APRIL 1, 2010**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **11-671 XA/VA**

e) Trailer or Container No.: **3047/46**

f) Name of Driver: **K. S. L. D. D. S. R.**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
4/1/10

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20321 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type) _____

f) The material delivered by the Transporter has been received at the Disposal Facility. **4-2-10**

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 261834

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/02/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2107

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/02/2010 06:24:32	Inbound	rodregus		Tare	96120 lb
Out	04/02/2010 07:18:09	Outbound	rodregus		Net	30080 lb
					Tons	66040 lb
						33.02

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	33.02	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Korman



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2107**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7688**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 1, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **13-193 FY / VA**
- e) Trailer or Container No.: **3135 / 74**
- f) Name of Driver: **COLEMAN, K**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **K. Coleman** Date of Receipt **4/1/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type)
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **J. Reuter** Date of Receipt **4-2-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262081

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/05/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2112
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 422 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PD 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/05/2010 12:37:02	Inbound	rodregus		Tare	85360 lb
Out	04/05/2010 12:59:41	Outbound	rodregus		Net	31940 lb
					Tons	53420 lb
						26.71

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.71	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2112**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
05 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 5, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **14-860 XA / VA.**
e) Trailer or Container No.: **3422145**
f) Name of Driver: **X New Lorie**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X **has** **rec** **04/05/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
23083
c) Telephone Number: **804-661-6111**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **R. Venter** **4-5-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262080

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/05/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2111

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/05/2010 12:34:57	Inbound	rodregus		Tare	89180 lb
Out	04/05/2010 12:58:03	Outbound	rodregus		Net	29880 lb
					Tons	59300 lb
						29.65

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	29.65	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Gary Koma*



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2111**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****85** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/Type)

Signature of Generator's Authorized Agent

APRIL 5, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **13-193 PY/VA**e) Trailer or Container No.: **3135174**

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt **4/5/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-861-6111** **23083**d) Mailing Address: **Same**

e) Name of Disposal Facility's

Authorized Agent (print/Type) _____

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver _____ Date of Receipt **4-5-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No.

2109

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 54 - Area A**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****26** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP***H. R. Blankenship***APRIL 5, 2010**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **05-345PY/VA**e) Trailer or Container No.: **3197/86**f) Name of Driver: **BOBBY TARTIER**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver *Bobby Tartier* Date of Receipt **04/05/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20321 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-661-6111** **23083**d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type) _____

f) The material delivered by the Transporter has been received at the Disposal Facility. *R. Kester* **4-5-10**

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262062

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/05/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2110

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3087

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/05/2010 11:25:52	Inbound	rodregus		Tare	83720 lb
Out	04/05/2010 11:25:52		rodregus		Net	28520 lb
					Tons	55200 lb
						27.60

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.60	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature #3087

f) Responsible Agency Name and Address: _____
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262141

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/06/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2115

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/06/2010 07:45:28	Inbound	judy		Tare	68380 lb
Out	04/06/2010 08:02:55	Outbound	judy		Net	25280 lb
					Tons	43100 lb
						21.55

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.55	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



199

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area A**

h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 5, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **16-188 P/VA**

e) Trailer or Container No.: **3199**

f) Name of Driver: **X/119-Y/114 C/115**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] **04/05/2010**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-661-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): *[Signature]*

f) The material delivered by the Transporter has been received at the Disposal Facility. *[Signature]* **4-6-10**
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

c) Telephone Number: ()

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262143

Customer Name	Shaw E and I Shaw E & I	Carrier	THOMPSON Thompson trucking, Inc.
Ticket Date	04/06/2010	Vehicle#	129
Payment Type	Credit Account	Volume	
Manual Ticket#		Container	
Hauling Ticket#		Driver	
Route		Check#	
State Waste Code		Billing #	0001492
Manifest	2116	Gen EPA ID	
Destination		Grid	
PO	1) 517725 2) 517725 3) 517725		
Profile	101751VA (Non Hazardous Soils from Area A (SWMU-54))		
Generator	185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)		

	Time	Scale	Operator	Inbound	Gross	
In	04/06/2010 07:50:48	Inbound	judy		Tare	67120 lb
Out	04/06/2010 08:07:23	Outbound	judy		Net	25140 lb
					Tons	41980 lb
						20.99

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.99	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Walter E Baker*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****25** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLAKENSHIP***H. R. Blakeship***APRIL 5, 2010**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **10-269 HA/VA.**e) Trailer or Container No.: **3129**f) Name of Driver: **X William E Baker**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver *X William E Baker* Date of Receipt **4/5/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-8111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) *X. Baker*

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver *X. Baker* Date of Receipt **4-6-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262145

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/06/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2113

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/06/2010 07:57:57	Inbound	judy		Tare	83780 lb
Out	04/06/2010 08:16:51	Outbound	judy		Net	27220 lb
					Tons	56560 lb
						28.28

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	28.28	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

K. McIlroy

164.

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2113

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 5, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 16-232 P / VA
e) Trailer or Container No.: 3161
f) Name of Driver: X Ken McCullough
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X T. McCullough 04/05/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262146

Customer Name Shaw E and 1 Shaw E & 1

Ticket Date 04/06/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2114

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/06/2010 08:00:06	Inbound	judy		Tare	67080 lb
Out	04/06/2010 08:20:17	Outbound	judy		Net	25300 lb
					Tons	41780 lb
						20.89

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.89	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket


Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE:

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 5, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0608**
d) Vehicle License No./State: **16-129 P / VA**
e) Trailer or Container No.: **3195**
f) Name of Driver: **X FREDDIE WILSON**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Freddie Wilson **04/05/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *Sandy*
f) The material delivered by the Transporter has been received at the Disposal Facility.
Sandy **4-6-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
etersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262208

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/06/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2121

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 432

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/06/2010 11:25:06	Inbound	judy		Tare	84220 lb
Out	04/06/2010 11:52:22	Outbound	judy		Net	29720 lb
					Tons	54500 lb
						27.25

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.25	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Gentry



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****25** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 6, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **55-744 PY /VA**e) Trailer or Container No.: **3432 / 86**f) Name of Driver: **X ROBBY TARTER**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X R. Blankenship** Date of Receipt **04/06/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20231 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Scandry**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **J. Scandry** Date of Receipt **4-6-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262209

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/06/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2120

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 247

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

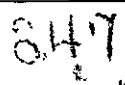
	Time	Scale	Operator	Inbound	Gross	
In	04/06/2010 11:26:59	Inbound	judy		Tare	79360 lb
Out	04/06/2010 11:53:53	Outbound	judy		Net	32280 lb
					Tons	47080 lb
						23.54

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.54	Tons				VA
2 PGENV-Environmenta	100	%					VA
3 FUEL-Fuel Surchang	100	%					VA

Total Fees
Total Ticket

Driver's Signature



Manifest No. 2120

SECTION 1

GENERATOR INFORMATION (generator to complete)

- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag


Signature of Generator's Authorized Agent

APRIL 6, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 11-671XA / VA
e) Trailer or Container No.: 3247146
f) Name of Driver: X ISL LINDEN
g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below:
X ISL LINDEN 04/06/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered
without incident or contamination on the date of delivery referenced
below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---|-----------------|
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |
| Signature of Driver | Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **C. Smith**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **C. Smith** **4-6-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262228

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/06/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2123

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/06/2010 13:03:14	Inbound	judy		Tare	72040 lb
Out	04/06/2010 13:27:47	Outbound	judy		Net	29900 lb
					Tons	42140 lb
						21.07

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.07	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Korman





NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

135 Manifest No. 2123

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 839-7688**

e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 839-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area A**

h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

25 Tons ☐ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 6, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **13-193PY/VA**

e) Trailer or Container No.: **3135174**

f) Name of Driver: **X (AR 4 K 11)**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X** Date of Receipt **04/06/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20281 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type) **G. S. S. S. S.**

f) The material delivered by the Transporter has been received at the Disposal Facility: **4-6-10**

Signature of Driver **G. S. S. S. S.** Date of Receipt **4-6-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262229

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/06/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2122

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 422

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/06/2010 13:05:34	Inbound	judy		Tare	75440 lb 31980 lb
Out	04/06/2010 13:32:34	Outbound	judy		Net	43460 lb
					Tons	21.73

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.73	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Jone

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>85</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 6, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **14-860 XA / VA**
e) Trailer or Container No.: **3422/45**
f) Name of Driver: **X Ray, Love**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ray - Conc **04/06/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---|-----------------|
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |

Signature of Driver _____

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. Acord
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Acord 4-6-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262140

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/06/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2117

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON-Thompson trucking, Inc.

Vehicle# 187

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In-	04/06/2010 07:41:58	Inbound	judy		Tare	68960 lb*
Out	04/06/2010 07:41:58		judy		Net	26140 lb*
			* Manual Weight		Tons	42820 lb
						21.41

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.41	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Walter Hurd

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****25** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 5, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **16-239 P / VA**e) Trailer or Container No.: **3188**f) Name of Driver: **X. Nutter**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X. Nutter** Date of Receipt **04/05/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY- (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20231 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-861-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Droudy**f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Droudy** **4-6-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262293

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2130

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson.trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/07/2010 07:16:11	Inbound	judy		Tare	62300 1b
Out	04/07/2010 07:31:55	Outbound	judy		Net	27260 1b
					Tons	35040 1b
						17.52

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	17.52	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

K. McElroy 161

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 6, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-232 P/VA**
- e) Trailer or Container No.: **3161**
- f) Name of Driver: **Ken McCullough**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x **Ken McCullough** **04/06/2010**
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262294

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/07/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2131
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 195 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/07/2010 07:18:25	Inbound	judy		Tare	69520 lb
Out	04/07/2010 07:35:48	Outbound	judy		Net	25280 lb
					Tons	44240 lb
						22.12

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.12	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Freddie White

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1
Radford, VA 24143**

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114
Radford, VA 24141**

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area A**

h) Disposal Volume: **(1) Load**
25 Tons **0** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKSNHILP

Generator's Authorized Agent Name (print/Type)

H. R. Blanksnhilp
Signature of Generator's Authorized Agent**APRIL 6, 2010**

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **16-129P/VA**

e) Trailer or Container No.: **3195**

f) Name of Driver: **X FREDDIE WILSON**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Freddie Wilson **04/06/2010**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/Type): *C. Anderson*

f) The material delivered by the Transporter has been received at the Disposal Facility. *C. Anderson 4-7-10*

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

d) Recommended special handling instructions and additional information:

c) Telephone Number: ()

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262295

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2126

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 187 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/07/2010 07:19:44	Inbound	judy		Tare	68240 lb
Out	04/07/2010 07:37:33	Outbound	judy		Net	26260 lb
					Tons	41980 lb
						20.99

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.99	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/Type)

Signature of Generator's Authorized Agent

Shipment Date

APRIL 6, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-239 R/VA**
- e) Trailer or Container No.: **B1871**
- f) Name of Driver: **X Walter J. J.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Walter J. J. **04/06/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/Type): **Samuel**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **Samuel 4-7-10**
- Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262298

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/07/2010

Vehicle# 129

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2127

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/07/2010 07:27:35	Inbound	judy		Tare	65460 lb
Out	04/07/2010 07:42:21	Outbound	judy		Net	25240 lb
					Tons	40220 lb
						20.11

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.11	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William E. Behr*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 6, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **10-269 HA / VA**
- e) Trailer or Container No.: **3129**
- f) Name of Driver: **William E. Baker**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X William E. Baker 04/06/2010
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____
- Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262299

Customer Name Shaw E and I S w E & I

Ticket Date 04/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2128

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/07/2010 07:29:08	Inbound	judy		Tare	65640 lb
Out	04/07/2010 07:45:15	Outbound	judy		Net	25240 lb
					Tons	40400 lb
						20.20

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.20	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 6, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-188 P / VA**
e) Trailer or Container No.: **3199**
f) Name of Driver: *** Matt + New Cylus**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
*** 1/16/10** **04/06/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **M. Brown**
f) The material delivered by the Transporter has been received at the Disposal Facility: **4-7-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility:
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262357

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2132

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 432 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	78700 lb
In	04/07/2010 11:14:50	Inbound	judy		Tare	29760 lb
Out	04/07/2010 11:46:39	Outbound	judy		Net	48940 lb
					Tons	24.47

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.47	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tuth



432

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2132

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | |
|---|--|--|--|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 839-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 839-7631</u></p> |
| | | | | | |
| | | | | | |

f) Common Name of Waste: <u>Lead Contaminated Soil</u> g) Description of Waste: <u>SWMU 54 - Area A</u> h) Disposal Volume: <u>(1) Load</u> <u>85</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u> i) Number of Containers: <u>One</u> o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.	m) Asbestos ONLY - <table border="0"> <tr> <td>☐ Friable;</td> <td>☐ Both;</td> <td><u> </u> % Friable</td> </tr> <tr> <td>☐ Non-Friable</td> <td>☐ N/A</td> <td><u> </u> % non-Friable</td> </tr> </table> n) Type of Containers: <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>T</td><td>R</td></tr> </table>	☐ Friable;	☐ Both;	<u> </u> % Friable	☐ Non-Friable	☐ N/A	<u> </u> % non-Friable	T	R
☐ Friable;	☐ Both;	<u> </u> % Friable							
☐ Non-Friable	☐ N/A	<u> </u> % non-Friable							
T	R								

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 7, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-744 PY/VA**
e) Trailer or Container No.: **3432/86**
f) Name of Driver: **X BOBBY TARTER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Bobby Tarter **04/07/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262358

Customer Name	Shaw E and I Shaw E & I	Carrier	THOMPSON Thompson trucking, Inc.
Ticket Date	04/07/2010	Vehicle#	247
Payment Type	Credit Account	Volume	
Manual Ticket#		Container	
Hauling Ticket#		Driver	
Route		Check#	
State Waste Code		Billing #	0001492
Manifest	2133	Gen EPA ID	
Destination		Grid	
PO	1) 517725 2) 517725 3) 517725		
Profile	101751VA (Non Hazardous Soils from Area A (SWMU-54))		
Generator	185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)		

	Time	Scale	Operator	Inbound	Gross	
In	04/07/2010 11:17:44	Inbound	judy		Tare	76740 lb
Out	04/07/2010 11:48:24	Outbound	judy		Net	32420 lb
					Tons	44320 lb
						22.16

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.16	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

[Handwritten Signature]

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
<u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE
 <div style="display: flex; justify-content: space-around;"> [][] [][] [][] [][] </div> </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons _____ Cubic Yards <u>X</u> Other <u>1 Load</u> </p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
<u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY -
 ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable </p> <p>o) Type of Containers:
 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">T R</div> <div style="border: 1px solid black; padding: 5px; font-size: small;"> TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag </div> </p> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 7, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **11-671 XA /VA.**
e) Trailer or Container No.: **3247/46**
f) Name of Driver: **X K L R I E D J S I C**
g) I hereby warrant that the above named and described material was received from the generator, on the date of receipt referenced below:
X J A I L C O U N T Y **04/17/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt: _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262384

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2134

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/07/2010 13:01:43	Inbound	judy		Tare	77880 lb
Out	04/07/2010 13:26:32	Outbound	judy		Net	29900 lb
					Tons	47980 lb
						23.99

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.99	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Mary K. 3135*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------|---|---|---|---|--|---|--|--|--|---|---|---|---|---|---|---|---|--|--|--|--|---|---|--------------------|--|----|---------|----|--------------|----|----------------|----|-------|----|----------------------|----|-----------------------|
| a) Generator's Name: <u>Alliant Techsystems, Inc.</u>
b) Generator's Address: <u>P.O. Box 1</u>
<u>Radford, VA 24143</u>
c) Generator's Representative: <u>Jeremy Flint</u>
d) Telephone Number: <u>(540) 639-7668</u>
e) WASTE MANAGEMENT APPROVAL CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>
f) Common Name of Waste: <u>Lead Contaminated Soil</u>
g) Description of Waste: <u>SWMU 54 - Area A</u>
h) Disposal Volume: <u>(1) Load</u>
<u>25</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u>
i) Number of Containers: <u>One</u>
j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below. | | | | | | | j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u>
k) Address: <u>Route 114</u>
<u>Radford, VA 24141</u>
l) Telephone Number: <u>(540) 639-7631</u>
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td>1</td><td>0</td><td>1</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>7</td><td>5</td><td>1</td><td>V</td><td>A</td></tr></table>
m) Asbestos ONLY - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> Friable; <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> Both; <u> </u> % Friable
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> Non-Friable <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> N/A <u> </u> % non-Friable
n) Type of Containers: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>T</td><td>R</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr><td colspan="2" style="text-align: center;">TYPE OF CONTAINERS</td></tr> <tr><td>TR</td><td>- Truck</td></tr> <tr><td>DM</td><td>- Metal Drum</td></tr> <tr><td>DP</td><td>- Plastic Drum</td></tr> <tr><td>BA</td><td>- Bag</td></tr> <tr><td>BB</td><td>- 6 mil. Plastic Bag</td></tr> <tr><td>BC</td><td>- 12 mil. Plastic Bag</td></tr> </table> | | | | 1 | 0 | 1 | 7 | 5 | 1 | V | A | | | | | T | R | TYPE OF CONTAINERS | | TR | - Truck | DM | - Metal Drum | DP | - Plastic Drum | BA | - Bag | BB | - 6 mil. Plastic Bag | BC | - 12 mil. Plastic Bag |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 5 | 1 | V | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF CONTAINERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TR | - Truck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DM | - Metal Drum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DP | - Plastic Drum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BA | - Bag | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BB | - 6 mil. Plastic Bag | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BC | - 12 mil. Plastic Bag | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 7, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
- b) Transporter's Address: PO Box 969, Concord, VA
- c) Telephone Number: (434) 610-0508
- d) Vehicle License No./State: 13-193 PY / VA
- e) Trailer or Container No.: 3135174
- f) Name of Driver: X [Signature]
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X [Signature] 04/07/2010
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
[Signature] [Date]

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 3

TRANSFER FACILITY: (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) Security
- f) The material delivered by the Transporter has been received at the
Disposal Facility. Security 4-7-16
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262385

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 1

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 422 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/07/2010 13:03:32	Inbound	judy		Tare	75980 lb
Out	04/07/2010 13:29:39	Outbound	judy		Net	32040 lb
					Tons	43940 lb
						21.97

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.97	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Ray Lowe*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable	☐ Both	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 7, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **14-860XA/VA**
- e) Trailer or Container No.: **3422/45**
- f) Name of Driver: **X Ray**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ray **04/07/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **S. Brandy**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **4-7-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262422

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2140

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 187

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/08/2010 07:08:28	Inbound	judy		Tare	59460 lb
Out	04/08/2010 07:18:52	Outbound	judy		Net	26180 lb
					Tons	33280 lb
						16.64

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	16.64	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|---|

H. R. ~~ERIKSSON~~ BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 7, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 110-239 P/VA
e) Trailer or Container No.: 131871
f) Name of Driver: Walter Hunt
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Walter Hunt 04/07/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **A. Landfill**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **A. Landfill 4-2-17**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262424

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2138

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/08/2010 07:11:04	Inbound	judy		Tare	62440 lb
Out	04/08/2010 07:25:48	Outbound	judy		Net	25180 lb
					Tons	37260 lb
						18.63

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.63	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7688</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p><u>25</u> Tons _____ Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | | | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable</p> <p> ☐ Non-Friable ☐ N/A _____ % non-Friable</p> <p>o) Type of Containers:</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><u>T</u> <u>R</u></p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><u>7</u> <u>5</u> <u>1</u> <u>V</u> <u>A</u></p> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)


Signature of Generator's Authorized Agent

Shipment Date APRIL 7, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 16-188P /VA
e) Trailer or Container No.: 3199
f) Name of Driver: X J1194 + J1194 / C-111111
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X [Signature] 04/10/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|

SECTION 3

TRANSFER FACILITY' - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below.
- _____
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- _____
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. Bondy
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Bondy 4-2-10
- (Signature of Driver _____ Date of Receipt _____)
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- _____
(Signature of Driver _____ Date of Receipt _____)

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262425

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2139

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 129

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/08/2010 07:12:27	Inbound	judy		Tare	62120 lb
Out	04/08/2010 07:27:31	Outbound	judy		Net	25240 lb
					Tons	35880 lb
						18.44

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.44	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William E. Bick*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**d) Telephone Number: **(540) 639-7668**l) Telephone Number: **(540) 639-7631**

e) WASTE MANAGEMENT APPROVAL CODE

☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐f) Common Name of Waste: **Lead Contaminated Soil**

m) Asbestos ONLY -

☐ Friable: ☐ Both: ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

25 Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 7, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **1D-269 HA/VA**e) Trailer or Container No.: **3129**f) Name of Driver: **W. William E. Baker**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **W. William E. Baker** Date of Receipt **04/07/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-661-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. J. J. J.**f) The material delivered by the Transporter has been received at the Disposal Facility. **4-8-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23063
Ph: (804) 561-5787

Original
Ticket# 262428

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/08/2010

Vehicle# 165

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2141

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/08/2010 07:16:58	Inbound	judy		Tare	61340 lb
Out	04/08/2010 07:30:33	Outbound	judy		Net	25360 lb
					Tons	35980 lb
						17.99

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	17.99	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Pete W.

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="margin-left: 150px;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p style="margin-left: 40px;"> <u>25</u> Tons _____ Cubic Yards <u>X</u> Other <u>1 Load</u> </p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) ASBESTOS ONLY -</p> <table border="1" style="margin-left: 150px;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> <p style="margin-left: 100px;"> ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable </p> <p>o) Type of Containers:</p> <table border="1" style="margin-left: 150px;"> <tr> <td style="width: 30px; height: 30px; text-align: center;">T</td> <td style="width: 30px; height: 30px; text-align: center;">R</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> | | | | | | | | | | | T | R |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| T | R | | | | | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

APRIL 7, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 16-242 P / VA
e) Trailer or Container No.: 31105
f) Name of Driver: X J. J. Thompson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X J. J. Thompson 04/07/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---|-----------------|
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |

Signature of Driver _____

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) *J. L. Landfill*
- f) The material delivered by the Transporter has been received at the
Disposal Facility. *J. L. Landfill 4-3-10*
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- | | |
|--|------------------------------------|
| a) Operator's Name: _____ | c) Telephone Number: () _____ |
| b) Operator's Address: _____ | |
| d) Recommended special handling instructions and additional information: _____ | |
| e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards. | |

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262477

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2124

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 116 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/08/2010 10:18:06	Inbound	judy		Tare	76400 1b
Out	04/08/2010 11:11:16	Outbound	judy		Net	30080 1b
					Tons	46320 1b
						23.16

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.16	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Tony



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 54 - Area A**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****25** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANEKSMITH**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 6, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **65-443 PY/VA**e) Trailer or Container No.: **3116/42**f) Name of Driver: **X Rod Miller**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X Rod Miller** Date of Receipt **4/6/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-861-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Sander**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **J. Sander** Date of Receipt **4-8-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262488

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/08/2010

Vehicle# 432

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2143

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/08/2010 11:14:07	Inbound	judy		Tare	85040 lb
Out	04/08/2010 11:44:59	Outbound	judy		Net	29760 lb
					Tons	55280 lb
						27.64

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.64	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tenth



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	7	5	1
							V	A	
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 8, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **55-744 PY/VA**
- e) Trailer or Container No.: **3432/H6**
- f) Name of Driver: **X ROBERT TARTER**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Robert Tarter **04/08/2010**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Soudy**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Soudy **4-8-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262489

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/08/2010

Vehicle# 247

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2142

Grid

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/08/2010 11:17:22	Inbound	judy		Tare	74340 lb 32360 lb
Out	04/08/2010 11:40:33	Outbound	judy		Net	41980 lb
					Tons	20.99

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.99	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

BL 20.99

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Systems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 64 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Systems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY: (complete if applicable)

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0808
d) Vehicle License No./State: 11-671 XA / VA
e) Trailer or Container No.: 3047140
f) Name of Driver: X PL 22100-11
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X1 1 Redden 04/08/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator, on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) **J. Sander**
- f) The material delivered by the Transporter has been received at the
Disposal Facility. **J. Sander 4-8-12**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262514

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2145

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/08/2010 13:01:00	Inbound	judy		Tare	76300 lb
Out	04/08/2010 13:24:23	Outbound	judy		Net	29800 lb
					Tons	46500 lb
						23.25

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.25	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary K. Jones 3/35

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS:
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 8, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **13-193 PY/VA**
- e) Trailer or Container No.: **3135174**
- f) Name of Driver: **James R. R...**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **04/08/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20321 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-8111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **James R. R...**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **Signature of Driver** **04-8-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262515

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2144

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 422

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/08/2010 13:02:46	Inbound	judy		Tare	79240 lb 31960 lb
Out	04/08/2010 13:28:10	Outbound	judy		Net	47280 lb
					Tons	23.64

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.64	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Ray Lowe*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (printType)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 8, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **14-860XA / VA**
e) Trailer or Container No.: **3422 / 45**
f) Name of Driver: **X Ray**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ray **04/08/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (printType): **J. S. Scurry**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. S. Scurry** **4-8-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (printType)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262700

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/10/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2151

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 109

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/10/2010 10:42:14	Inbound	cassandra		Tare	81240 lb
Out	04/10/2010 10:58:57	Outbound	cassandra		Net	29240 lb
					Tons	52000 lb
						26.00

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.00	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	7	5	1
							V	A	
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
15 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 8, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **72-182 PY/VA**
- e) Trailer or Container No.: **3425/42**
- f) Name of Driver: **X Tony E Young**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
4/8/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **Chiggins**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
4-10-10
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262553

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/09/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2150

Destination

PO 1), 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/09/2010 07:14:50	Inbound	judy		Tare	67760 lb 25380 lb
Out	04/09/2010 07:50:08	Outbound	judy		Net	42380 lb
					Tons	21.19

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.19	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Freddie White

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7688**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 8, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0808**
- d) Vehicle License No./State: **16-129 P / VA**
- e) Trailer or Container No.: **3195**
- f) Name of Driver: **MREDDIE WILSON**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
4/8/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. A. Conduff**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **4-9-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262555

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/09/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2147

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 187

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/09/2010 07:17:16	Inbound	judy		Tare	70480 lb
Out	04/09/2010 07:45:57	Outbound	judy		Net	26260 lb
					Tons	44220 lb
						22.11

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.11	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 8, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-239 P/VA**
- e) Trailer or Container No.: **2187**
- f) Name of Driver: **Walter Hunt**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Walter Hunt** Date of Receipt **4/8/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **A. Scudder**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **A. Scudder** Date of Receipt **4-9-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262556

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/09/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2149
Destination
PD 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 129
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/09/2010 07:18:42	Inbound	judy		Tare	69200 lb
Out	04/09/2010 07:56:38	Outbound	judy		Net	25220 lb
					Tons	43980 lb
						21.99

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.99	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William F. Baker*

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons _____ Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
OM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

APRIL 8, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **10-2609 HA/VA**
e) Trailer or Container No.: **3129**
f) Name of Driver: **William E. Baker**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X *[Signature]* **4/8/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sawyer**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Sawyer 4-9-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262557

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/09/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2140

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/09/2010 07:20:03	Inbound	judy		Tare	58600 lb
Out	04/09/2010 07:59:32	Outbound	judy		Net	25220 lb
					Tons	43380 lb
						21.69

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.69	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 8, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **110-188P / VA**
- e) Trailer or Container No.: **3199**
- f) Name of Driver: **XVIIA + NEW CYRILS**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
4/8/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sander**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **4-9-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262560

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/09/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2146

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 165 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/09/2010 07:25:25	Inbound	judy		Tare	68200 lb
Out	04/09/2010 08:01:52	Outbound	judy		Net	25260 lb
					Tons	42940 lb
						21.47

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.47	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



Manifest No. 2146

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | TYPE OF CONTAINERS | |
|--------------------|-----------------------|
| TR | - Truck |
| DM | - Metal Drum |
| DP | - Plastic Drum |
| BA | - Bag |
| BB | - 6 mil. Plastic Bag |
| BC | - 12 mil. Plastic Bag |


Signature of Generator's Authorized Representative

APRIL 8, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- Signature of Driver _____

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- _____
Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

Operator's Name (print/type)

Signature of Operator's Authorized Agent:

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262615

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/09/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2152

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 247

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/09/2010 11:15:34	Inbound	judy		Tare	73700 lb 32460 lb
Out	04/09/2010 11:35:01	Outbound	judy		Net	41240 lb
					Tons	20.62

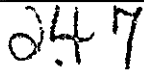
Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.62	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Handwritten signature
247

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5. *

2152

GENERATOR INFORMATION (generator to complete)

- TYPE OF CONTAINERS**
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag

Signature of Generator's Authorized Agent

APRIL 9, 2010

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|--|
| a) Transporter's Name: Thompson Trucking | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: PO Box 969, Concord, VA | b) Transfer Facility's Address: _____ |
| c) Telephone Number: (434) 610-0508 | c) Telephone Number: () _____ |
| d) Vehicle License No./State: 11-671 XA/VA | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: 3247146 | e) Trailer or Container No.: _____ |
| f) Name of Driver: KL LUTIN/SK | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt 04/09/2010 | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____ | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____ |

DESTINATION - (Disposal Facility)

- | | |
|---|--|
| a) Transporter's Name: _____ | a) Disposal Facility's Name: Amelia Landfill |
| b) Transporter's Address: _____ | b) Physical Address: 20221 Maplewood Rd, Jetersville VA |
| c) Telephone Number: () _____ | c) Telephone Number: 804-561-6111 23083 |
| d) Vehicle License No./State: _____ | d) Mailing Address: Same |
| e) Trailer or Container No.: _____ | e) Name of Disposal Facility's Authorized Agent (print/type) E. Dander |
| f) Name of Driver: _____ | f) The material delivered by the Transporter has been received at the Disposal Facility. E. Dander 4-9-10 |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: | |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262641

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/09/2010

Vehicle# 135

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2153

Grid

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 105-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/09/2010 13:09:35	Inbound	judy		Tare	79200 lb
Out	04/09/2010 13:37:10	Outbound	judy		Net	29960 lb
					Tons	49240 lb
						24.62

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.62	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Korman 3135

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
OP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 9, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **13-143 PY/VA**
- e) Trailer or Container No.: **31351741**
- f) Name of Driver: **James K. K. K.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
James K. K. K. **04/09/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **Sandy**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **Sandy** **4-9-10**
Signature of Driver **Date of Receipt**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262642

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/09/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2154

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 422

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/09/2010 13:11:09	Inbound	judy		Tare	73800 lb
Out	04/09/2010 13:42:35	Outbound	judy		Net	32060 lb
					Tons	41740 lb
						20.87

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.87	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Low

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable	☐ Both	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 9, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **14-860XA / VA**
- e) Trailer or Container No.: **3422/45**
- f) Name of Driver: **X Kay Lowe**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Kay Lowe **4/9/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **D. Sandy**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **D. Sandy 4-9-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262662

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/09/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2155

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3192

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/09/2010 14:38:35	Inbound	judy		Tare	60840 1b
Out	04/09/2010 14:59:43	Outbound	judy		Net	26120 1b
					Tons	34720 1b
						17.36

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	17.36	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

PH

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7688</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 84 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Station (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> |
|---|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (printType)

Signature of Generator's Authorized Agent

APRIL 9, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-222 P/VA**
- e) Trailer or Container No.: **3192**
- f) Name of Driver: **X PAT HANSEN**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X PAT HANSEN **04/10/91**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---|-----------------|
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |
- | Signature of Driver | Date of Receipt |
|---------------------|-----------------|
| | |

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) *J. S. Smith*
- f) The material delivered by the Transporter has been received at the
Disposal Facility. *J. S. Smith 4-9-10*
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent _____

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262706

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/12/2010

Vehicle# 187

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2156

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2010 07:05:11	Inbound	judy		Tare	66660 lb
Out	04/12/2010 07:18:39	Outbound	judy		Net	26200 lb
					Tons	40460 lb
						20.23

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.23	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Walter D. Duff*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 84 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>24</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|---|

TYPE OF CONTAINERS	
TR - Truck	
DM - Metal Drum	
DP - Plastic Drum	
BA - Bag	
BB - 6 mil. Plastic Bag	
BC - 12 mil. Plastic Bag	

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|---|
| a) Transporter's Name: <u>Thompson Trucking</u> | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: <u>PO Box 969, Concord, VA</u> | b) Transfer Facility's Address: _____ |
| c) Telephone Number: <u>(434) 610-0508</u> | c) Telephone Number: () _____ |
| d) Vehicle License No./State: <u>1L07239-P / VA</u> | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: <u>B18711 1A</u> | e) Trailer or Container No.: _____ |
| f) Name of Driver: <u>x Winters / N. D. D.</u> | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
<u>x Winters N. D. D.</u> <u>4/9/10</u> | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- | | |
|--|---|
| <p>a) Transporter's Name: _____</p> <p>b) Transporter's Address: _____</p> <p>c) Telephone Number: () _____</p> <p>d) Vehicle License No./State: _____</p> <p>e) Trailer or Container No.: _____</p> <p>f) Name of Driver: _____</p> <p>g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:</p>
<div style="display: flex; justify-content: space-between;"> _____
Signature of Driver _____
Date of Receipt </div> <p>h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.</p>
<div style="display: flex; justify-content: space-between;"> _____
Signature of Driver _____
Date of Receipt </div> | <p>a) Disposal Facility's Name: Amelia Landfill</p> <p>b) Physical Address: 20221 Maplewood Rd, Jetersville VA</p> <p>c) Telephone Number: 804-661-6111 23083</p> <p>d) Mailing Address: Same</p> <p>e) Name of Disposal Facility's Authorized Agent (print/type) <u>C. L. [Signature]</u></p> <p>f) The material delivered by the Transporter has been received at the Disposal Facility.
<u>[Signature] 4-12-10</u></p> <div style="display: flex; justify-content: space-between;"> _____
Signature of Driver _____
Date of Receipt </div> <p>g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.</p>
<div style="display: flex; justify-content: space-between;"> _____
Signature of Driver _____
Date of Receipt </div> |
|--|---|

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jettersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262707

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/12/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2158

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 129

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2010 07:06:36	Inbound	judy		Tare	60080 lb
Out	04/12/2010 07:20:25	Outbound	judy		Net	25180 lb
					Tons	34900 lb
						17.45

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	17.45	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William E Baker*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7688**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

24 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 9, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **10-269 HA/VA**
e) Trailer or Container No.: **3129**
f) Name of Driver: **X MIG + HOW CYRUS**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
4/9/10
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20321 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. A. ...**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver _____ Date of Receipt **4-13-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262708

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/12/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2157

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2010 07:08:04	Inbound	judy		Tare	66040 lb
Out	04/12/2010 07:23:18	Outbound	judy		Net	25260 lb
					Tons	40780 lb
						20.39

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.39	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers:

T	R
---	---

24 Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 9, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **16-188 P/VA**e) Trailer or Container No.: **3199**f) Name of Driver: **William E Baker**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **William E Baker** Date of Receipt **4/9/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-661-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **S. Landfill**f) The material delivered by the Transporter has been received at the Disposal Facility. **S. Landfill** **4-12-10**

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262775

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/12/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2159

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 247

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2010 11:13:19	Inbound	judy		Tare	81260 lb
Out	04/12/2010 11:34:36	Outbound	judy		Net	32300 lb
					Tons	48960 lb
						24.48

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.48	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

36 Jedd
247

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable: ☐ Both: ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)


Signature of Generator's Authorized Agent**APRIL 12, 2010**

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **11-671 XA/VA**
e) Trailer or Container No.: **3247146**
f) Name of Driver: **X 1 2 3 4 5 6 7 8 9 0**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X 4/12/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-8111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sandy**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Sandy 4-12-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262774

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/12/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2160

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 432 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2010 11:11:03	Inbound	judy		Tare	78020 lb
Out	04/12/2010 11:41:08	Outbound	judy		Net	29780 lb
					Tons	48240 lb
						24.12

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.12	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tait



If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>85</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 12, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0808
d) Vehicle License No./State: 55-F44PY/VA
e) Trailer or Container No.: 3432186
f) Name of Driver: X BOKSBY INARTER
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Boksbey Tamm 04/12/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **25083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) **J. Sander**
- f) The material delivered by the Transporter has been received at the
Disposal Facility. **J. Sander 4-12-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262784

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/12/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2162

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2010 12:02:34	Inbound	judy		Tare	80260 lb
Out	04/12/2010 12:23:46	Outbound	judy		Net	29880 lb
					Tons	50380 lb
						25.19

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.19	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Korman 3135



Manifest No. 2162

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | TYPE OF CONTAINERS | |
|--------------------------|--|
| TR - Truck | |
| DM - Metal Drum. | |
| DP - Plastic Drum | |
| BA - Bag | |
| BB - 6 mil. Plastic Bag | |
| BC - 12 mil. Plastic Bag | |

[Signature]
Signature of Generator's Authorized Agent

APRIL 12, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
- b) Transporter's Address: PO Box 969, Concord, VA
- c) Telephone Number: (434) 610-0808
- d) Vehicle License No./State: 13-193PY/VA
- e) Trailer or Container No.: 3135174
- f) Name of Driver: X [Signature] R. [Signature]
- g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below:
X [Signature] R. [Signature] 04/12/2010
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered
without incident or contamination on the date of delivery referenced
below.
- Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY: (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) **J. Landfill**
- f) The material delivered by the Transporter has been received at the
Disposal Facility. **J. Landfill 4-12-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent _____

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262785

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/12/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2161

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 422

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2010 12:05:18	Inbound	judy		Tare	80820 lb
Out	04/12/2010 12:29:05	Outbound	judy		Net	31960 lb
					Tons	48860 lb
						24.43

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.43	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 12, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **14-860 XA/VA**
e) Trailer or Container No.: **3422/45**
f) Name of Driver: **X Ray**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ray **04/12/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sander**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Sander **4-12-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262829

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/12/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2163

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3192

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/12/2010 14:34:00	Inbound	judy		Tare	68140 lb 25880 lb
Out	04/12/2010 14:58:50	Outbound	judy		Net	42260 lb
					Tons	21.13

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.13	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P.H.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>82</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date APRIL 12, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-222 F/VA**
- e) Trailer or Container No.: **3192**
- f) Name of Driver: **Pat Haise**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Pat Haise **04/12/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---|-----------------|
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |
- | Signature of Driver | Date of Receipt |
|---------------------|-----------------|
| | |

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) C. Scordell
- f) The material delivered by the Transporter has been received at the
Disposal Facility. C. Scordell 4-12-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262846

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/13/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2167

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 166

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 07:03:40	Inbound	judy		Tare	68900 lb
Out	04/13/2010 07:16:14	Outbound	judy		Net	26000 lb
					Tons	42900 lb
						21.45

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.45	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

A. Chilton



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>23</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 12, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **110-234 P / VA**
e) Trailer or Container No.: **21106**
f) Name of Driver: **x Anthony J. Hillman**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Anthony J. Hillman **4/12/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---------------------|-----------------|
| _____ | _____ |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are **fully** and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262847

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/13/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2168

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3089

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 07:05:12	Inbound	judy		Tare	70240 lb 25760 lb
Out	04/13/2010 07:18:33	Outbound	judy		Net	44480 lb
					Tons	22.24

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.24	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M.L.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 12, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-221P/VA**
- e) Trailer or Container No.: **3089**
- f) Name of Driver: **MARK LITCHFORD SR.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Mark Litchford SR. 04/12/2010
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scudder**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Scudder 4-13-10**
- Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262850

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/13/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2164

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 187

Volume

Container

Driver

Check#

Billing# 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 07:09:26	Inbound	judy		Tare	72180 lb 26180 lb
Out	04/13/2010 07:22:19	Outbound	judy		Net	46000 lb
					Tons	23.00

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.00	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons _____ Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 12, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **10-239P/VA**
e) Trailer or Container No.: **131071**
f) Name of Driver: **Walter Hurt Jr.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
4/12/10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
4-13-10
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262851

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/13/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2165

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	65400 lb
In	04/13/2010 07:10:53	Inbound	judy		Tare	25140 lb
Out	04/13/2010 07:24:10	Outbound	judy		Net	40260 lb
					Tons	20.13

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.13	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





Manifest No. **2165**

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262852

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/13/2010

Vehicle# 129

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2166

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 07:12:19	Inbound	judy		Tare	66200 lb 25120 lb
Out	04/13/2010 07:29:39	Outbound	judy		Net	41080 lb
					Tons	20.54

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.54	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William E. Betts*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 12, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **10-209 HA/VA**
e) Trailer or Container No.: **3129**
f) Name of Driver: **X William J. Barr**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X William J. Barr 04/12/2010
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility. **A. Landfill 4-12-10**
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262919

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/13/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2169

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 11:19:00	Inbound	judy		Tare	70100 lb 27040 lb
Out	04/13/2010 11:31:52	Outbound	judy		Net	43060 lb
					Tons	21.53

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.53	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

KM161

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
23 Tons **_____** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS:
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

APRIL 13, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-232P/VA**
- e) Trailer or Container No.: **31161**
- f) Name of Driver: **x Ken McMillan**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x K. McMillan **04/13/2010**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scudder**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Scudder** **4-13-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
- c) Telephone Number: () _____

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262920

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/13/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2170

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 11:20:30	Inbound	judy		Tare	62920 lb 25080 lb
Out	04/13/2010 11:34:03	Outbound	judy		Net	37840 lb
					Tons	18.92

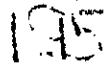
Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.92	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





Manifest No. 2170

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag


Signature of Generator's Authorized Agent

Shipment Date

TRANSFER FACILITY: (complete if applicable)

- Signature of Driver _____ Date of Receipt _____

DESTINATION - (Disposal Facility)

- Signature of Driver _____ Date of Receipt _____

ASBESTOS (operator to complete)

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Date _____

- Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262961

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/13/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2171.

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 14:23:07	Inbound	judy		Tare	84880 lb 29840 lb
Out	04/13/2010 14:46:31	Outbound	judy		Net	55040 lb
					Tons	27.52

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.52	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Kona 3135



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS:
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/Type)

Signature of Generator's Authorized Agent

APRIL 13, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **13-193 PY / VA**
- e) Trailer or Container No.: **2135174**
- f) Name of Driver: **W. H. K. K. K.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
4/13/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-861-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/Type): **A. Anderson**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **4-13-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262962

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/13/2010

Vehicle# 422

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2172

Grid

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 14:24:37	Inbound	judy		Tare	79020 lb
Out	04/13/2010 14:48:28	Outbound	judy		Net	31960 lb
					Tons	47060 lb
						23.53

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.53	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature Ray Zou



NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2172

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; % Friable
 ☐ Non-Friable ☐ N/A % non-Friable</p> <p>o) Type of Containers:</p> <div style="display: flex; align-items: center;"> 1 0 1 7 5 1 V A </div> <div style="display: flex; align-items: center;"> T R </div> |
|--|--|

	TYPE OF CONTAINERS TR - Truck DM - Metal Drum DP - Plastic Drum BA - Bag BB - 6 mil. Plastic Bag BC - 12 mil. Plastic Bag
--	--

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 13, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **14-860 XA / VA**
e) Trailer or Container No.: **3422145**
f) Name of Driver: **X Ray Lewis**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ray Lewis **4/13/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| Signature of Driver | Date of Receipt |
|---------------------|-----------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) [Signature]
- f) The material delivered by the Transporter has been received at the
Disposal Facility. [Signature] 4-13-11
- Signature of Driver [Signature] Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262969

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/13/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2173
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 3192 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 15:05:38	Inbound	judy		Tare	75660 lb 25880 lb
Out	04/13/2010 15:22:24	Outbound	judy		Net	49780 lb
					Tons	24.89

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.89	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P. J.



3192

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2173

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	7	5	1
							V	A	
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- TYPE OF CONTAINERS:
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag
- I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 13, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **110-222 P / VA**
- e) Trailer or Container No.: **3192**
- f) Name of Driver: **X PAT HANSON**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X PAT HANSON 4/13/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **A. Landfill**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **4-13-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262970

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/13/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2174
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 160 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/13/2010 15:06:58	Inbound	judy		Tare	75740 lb 25960 lb
Out	04/13/2010 15:23:56	Outbound	judy		Net	49780 lb
					Tons	24.89

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.89	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

C. Cook

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****23** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 13, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **16-236 P/VA**e) Trailer or Container No.: **3160**f) Name of Driver: **X Christopher Cash**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X Christopher Cash** Date of Receipt **4/13/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY: (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Sanchez**f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Sanchez 4-13-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262980

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2175

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 166

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

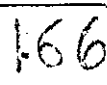
	Time	Scale	Operator	Inbound	Gross	
In	04/14/2010 07:03:38	Inbound	judy		Tare	68140 lb
Out	04/14/2010 07:16:32	Outbound	judy		Net	26100 lb
					Tons	42040 lb
						21.02

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.02	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

2175

GENERATOR INFORMATION (generator to complete)

- H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

TRANSFER FACILITY - (complete if applicable)

- | SECTION 5 | DESTINATION - (Disposal Facility) |
|-----------|-----------------------------------|
|-----------|-----------------------------------|

DESTINATION - (Disposal Facility)

- SECTION 6 ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262981

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2176

Destination

PO 1) 517725 2) 517725 3) 517725

Profile - 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3089

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/14/2010 07:05:03	Inbound	judy		Tare	70280 lb 25800 lb
Out	04/14/2010 07:20:47	Outbound	judy		Net	44480 lb
					Tons	22.24

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.24	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M.L.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

H. R. Blankenship

APRIL 13, 2010

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **50B9 16-221P/VA**
e) Trailer or Container No.: **50B9**
f) Name of Driver: **MARK LITCHFORD SR**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Mark Litchford SR. 4/13/10

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Sander**
f) The material delivered by the Transporter has been received at the Disposal Facility. **A. Sander 4-14-10**

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262982

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2177

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 187

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/14/2010 07:06:18	Inbound	judy		Tare	72540 lb
Out	04/14/2010 07:24:59	Outbound	judy		Net	26140 lb
					Tons	46400 lb
						23.20

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.20	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Walter White

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | |
|--|---|--|--|--|--|--|---|---|---|
| <p>a) Generator's Name: Alliant Techsystems, Inc.</p> <hr/> <p>b) Generator's Address: P.O. Box 1
Radford, VA 24143</p> <hr/> <p>c) Generator's Representative: Jeremy Flint</p> <hr/> <p>d) Telephone Number: (540) 639-7668</p> <hr/> <p>e) WASTE MANAGEMENT APPROVAL CODE <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <hr/> <p>f) Common Name of Waste: Lead Contaminated Soil</p> <hr/> <p>g) Description of Waste: SWMU 54 - Area A</p> <hr/> <p>h) Disposal Volume: (1) Load</p> <hr/> <p>23 Tons Cubic Yards X Other 1 Load</p> <hr/> <p>i) Number of Containers: One</p> <hr/> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | | | <p>k) Generating Location (Name): Alliant Techsystems, Inc.</p> <hr/> <p>l) Address: Route 114
Radford, VA 24141</p> <hr/> <p>m) Telephone Number: (540) 639-7631</p> <hr/> <p>n) Asbestos ONLY - <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Friable; <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Both; % Friable
 <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Non-Friable <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> N/A % non-Friable</p> <hr/> <p>o) Type of Containers:</p> <table border="1" style="display: inline-table;"> <tr> <td>T</td> <td>R</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag </div> | T | R |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| T | R | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 13, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- | | |
|--|--|
| a) Transporter's Name: Thompson Trucking | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: PO Box 969, Concord, VA | b) Transfer Facility's Address: _____ |
| c) Telephone Number: (434) 610-0508 | c) Telephone Number: () _____ |
| d) Vehicle License No./State: 116-239 P/VA | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: 318+ | e) Trailer or Container No.: _____ |
| f) Name of Driver: X Walter Hunt | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Walter Hunt 4/13/10 | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
_____ |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
_____ | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
_____ |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- | | | | |
|---|--|--|---------------------------------|
| a) Transporter's Name: | | a) Disposal Facility's Name: Amelia Landfill | |
| b) Transporter's Address: | | b) Physical Address: 20221 Maplewood Rd, Jetersville VA | |
| c) Telephone Number: () | | c) Telephone Number: 804-661-6111 | 23083 |
| d) Vehicle License No./State: | | d) Mailing Address: Same | |
| e) Trailer or Container No.: | | e) Name of Disposal Facility's
Authorized Agent (print/type) | <i>J. Scurdy</i> |
| f) Name of Driver: | | f) The material delivered by the Transporter has been received at the
Disposal Facility. | <i>J. Scurdy</i> 4-14-10 |
| g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below: | | Signature of Driver | Date of Receipt |
| | | | |
| h) I hereby warrant that the above described material was delivered
without incident or contamination on the date of delivery referenced
below. | | g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility. | |
| | | Signature of Driver | Date of Receipt |
| | | | |

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262983

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/14/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2178
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 129 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Time	Scale	Operator	Inbound	Gross	
In 04/14/2010 07:07:45	Inbound	judy		Tare	74000 lb 25140 lb
Out 04/14/2010 07:28:11	Outbound	judy		Net	48860 lb
				Tons	24.43

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.43	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William E. Baker*



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | |
|--|--------------------------------|-------------------------------|--|--|--|---|-----------------------------------|--------------------------------|---------------------------|--------------------------------------|------------------------------|-------------------------------|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 84 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>23</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY -</p> <table border="0"> <tr> <td>☐ Friable;</td> <td>☐ Both;</td> <td><u> </u> % Friable</td> </tr> <tr> <td>☐ Non-Friable</td> <td>☐ N/A</td> <td><u> </u> % non-Friable</td> </tr> </table> <p>n) Type of Containers:</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">1 0 1 7 8 1 V A</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">T R</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>OP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> | ☐ Friable; | ☐ Both; | <u> </u> % Friable | ☐ Non-Friable | ☐ N/A | <u> </u> % non-Friable | |
| | | | | | | | | | | | | |
| ☐ Friable; | ☐ Both; | <u> </u> % Friable | | | | | | | | | | |
| ☐ Non-Friable | ☐ N/A | <u> </u> % non-Friable | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (printType)

Signature of Generator's Authorized Agent

APRIL 13, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 10-2169 HIA/VA
e) Trailer or Container No.: 3129
f) Name of Driver: X William E. Fisher
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X William E. Fisher 4/13/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---|-----------------|
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |

Signature of Driver _____

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) **S. Sandy**
- f) The material delivered by the Transporter has been received at the
Disposal Facility. **Sandy 4-14-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 262984

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2179

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/14/2010 07:09:09	Inbound	judy		Tare	75300 lb 25120 lb
Out	04/14/2010 07:31:59	Outbound	judy		Net	50180 lb
					Tons	25.09

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.09	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons _____ Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 13, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-188P/VA**
e) Trailer or Container No.: **3199**
f) Name of Driver: **X 1119 + 1 new C-4V4S**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X 4/13/10
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scandley**
f) The material delivered by the Transporter has been received at the Disposal Facility. **O. Scandley 4-14-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263085

Customer Name Shaw E and 1 Shaw E & I

Ticket Date 04/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2181

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/14/2010 13:29:10	Inbound	JUDY		Tare	77820 lb 25000 lb
Out	04/14/2010 13:46:24	Outbound	JUDY		Net	52820 lb
					Tons	26.41

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.41	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



Manifest No. 2181

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

GENERATOR INFORMATION (generator to complete)

- TYPE OF CONTAINERS**
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag


Signature of Generator's Authorized Agent

APRIL 14, 2010
Shipment Date

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|-----------------|
| a) Transfer Facility's Name: | |
| b) Transfer Facility's Address: | |
| c) Telephone Number: () | |
| d) Vehicle License No./State: | |
| e) Trailer or Container No.: | |
| f) Name of Driver: | |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: | |
| Signature of Driver | Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |
| Signature of Driver | Date of Receipt |

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **G. Sander**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **G. Sander** **4-14-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

ASBESTOS (operator to complete)

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Signature of Operator's Authorized Agent _____ Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263086

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2182

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/14/2010 13:30:32	Inbound	JUDY		Tare	75680 lb
Out	04/14/2010 13:53:32	Outbound	JUDY		Net	29820 lb
					Tons	45860 lb
						22.93

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.93	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Gary Horn 3135

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 14, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **13-193 PY /VA**
e) Trailer or Container No.: **3135 /74**
f) Name of Driver: **X - 4 T...**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **[Signature]** Date of Receipt **04/14/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **[Signature]** Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: (
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: (
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **[Signature]**
f) The material delivered by the Transporter has been received at the Disposal Facility. **[Signature]** **4-14-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: (
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263089

Customer Name Shaw E and I Shaw E & I.

Ticket Date 04/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2180

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/14/2010 13:35:51	Inbound	JUDY		Tare	78860 lb
Out	04/14/2010 13:57:11	Outbound	JUDY		Net	26920 lb
					Tons	51940 lb
						25.97

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.97	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

K. McElroy

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS:
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/Type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 14, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-232 P/VA**
e) Trailer or Container No.: **3161**
f) Name of Driver: **Ken McElroy**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Ken McElroy **04/14/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/Type) **C. L. Doolittle**
f) The material delivered by the Transporter has been received at the Disposal Facility.
C. L. Doolittle **4.14.10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263087

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2183

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 422

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/14/2010 13:32:02	Inbound	JUDY		Tare	73880 lb 31900 lb
Out	04/14/2010 14:01:09	Outbound	JUDY		Net	41980 lb
					Tons	20.99

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.99	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **14-8100XA / VA**
- e) Trailer or Container No.: **3422145**
- f) Name of Driver: **X Ray Law**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ray Law **04/14/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **C. A. Anderson**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **J. A. Anderson 4-14-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263129

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/15/2010

Vehicle# 187

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2184

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 07:06:35	Inbound	judy		Tare	76880 lb 26160 lb
Out	04/15/2010 07:20:34	Outbound	judy		Net	50720 lb
					Tons	25.36

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.36	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area A**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 14, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-239 P/VA**
- e) Trailer or Container No.: **1318H**
- f) Name of Driver: **X Walter H. H. J.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Walter H. H. J. **4/14/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landfill**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Landfill 4-15-10**
- Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
- c) Telephone Number: ()

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263127

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/15/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2189
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 3089
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PQ 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 07:04:08	Inbound	judy		Tare	66820 lb
Out	04/15/2010 07:24:40	Outbound	judy		Net	25780 lb
					Tons	41040 lb
						20.52

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.52	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature *M.L.*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 84 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u> </u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0808
d) Vehicle License No./State: 16-221 P/VA
e) Trailer or Container No.: 3089
f) Name of Driver: MARK LITCHFORD SR.
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Mark Litchford SR. 4/14/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| Signature of Driver | Date of Receipt |
|---------------------|-----------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263131

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/15/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2185

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3192

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 07:09:35	Inbound	judy		Tare	65260 lb
Out	04/15/2010 07:29:27	Outbound	judy		Net	25880 lb
					Tons	39380 lb
						19.69

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.69	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P.H.

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area A**

h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 14, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0808**

d) Vehicle License No./State: **16-222 P/VA**

e) Trailer or Container No.: **3192**

f) Name of Driver: **X Pat Hanson**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Pat Hanson **4/14/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-661-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **Amelia**

f) The material delivered by the Transporter has been received at the Disposal Facility: **4-15-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

c) Telephone Number: ()

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263132

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/15/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2188
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 129 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PD 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 07:10:52	Inbound	judy		Tare	73520 lb 25140 lb
Out	04/15/2010 07:32:59	Outbound	judy		Net	48380 lb
					Tons	24.19

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.19	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William C. Bush*

If waste is asbestos waste, complete all Sections. .
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>23</u> Tons _____ Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above. Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - Friable; Both; _____ % Friable
 Non-Friable N/A _____ % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 14, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 1D-269 HIA / VA
e) Trailer or Container No.: 3124
f) Name of Driver: X ~~WILLIAM C. BAKER~~
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X William C Baker 4/14/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263133

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/15/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2186

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 150

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 07:12:08	Inbound	judy		Tare	73020 lb 25940 lb
Out	04/15/2010 07:37:50	Outbound	judy		Net	47080 lb
					Tons	23.54

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.54	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

C Cook

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 14, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-236 P/VA**
e) Trailer or Container No.: **3160**
f) Name of Driver: **X Christopher Cook**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Christopher Cook **4/14/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. L. Lively**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. L. Lively** **4-15-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263135

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/15/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2187

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 07:17:22	Inbound	judy		Tare	71060 lb 25120 lb
Out	04/15/2010 07:42:19	Outbound	judy		Net	45940 lb
					Tons	22.97

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.97	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: Alliant Techsystems, Inc.j) Generating Location (Name): Alliant Techsystems, Inc.b) Generator's Address: P.O. Box 1
Radford, VA 24143k) Address: Route 114
Radford, VA 24141c) Generator's Representative: Jeremy Flintl) Telephone Number: (540) 639-7631d) Telephone Number: (540) 639-7668

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: Lead Contaminated Soilm) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: SWMU 54 - Area A☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: (1) Loadn) Type of Containers: ☐ T ☐ R23 Tons Cubic Yards ☒ Other 1 Loadi) Number of Containers: One

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 14, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Truckingb) Transporter's Address: PO Box 969, Concord, VAc) Telephone Number: (434) 610-0508d) Vehicle License No./State: 110-188 PIVAe) Trailer or Container No.: 3199f) Name of Driver: Matthew Carls

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt 4/14/10

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: b) Transporter's Address: c) Telephone Number: () d) Vehicle License No./State: e) Trailer or Container No.: f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: b) Transfer Facility's Address: c) Telephone Number: () d) Vehicle License No./State: e) Trailer or Container No.: f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Amelia Landfillb) Physical Address: 20321 Maplewood Rd, Jetersville VAc) Telephone Number: 804-661-6111 23083d) Mailing Address: Samee) Name of Disposal Facility's Authorized Agent (print/type) f) The material delivered by the Transporter has been received at the Disposal Facility. Signature of Driver Date of Receipt 4-15-10

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: () b) Operator's Address: d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263173

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/15/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2118

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 427

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 09:06:27	Inbound	judy		Tare	87080 lb 28640 lb
Out	04/15/2010 09:28:47	Outbound	judy		Net	58440 lb
					Tons	29.22

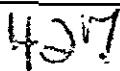
Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	29.22	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





Manifest No. 2118

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>27</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % Non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 5, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 989, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 105-638 PY/VA
e) Trailer or Container No.: 3427/20
f) Name of Driver: X Eric Falls
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X [Signature] 04/05/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

¹ "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263204

Customer Name Shaw E. and I Shaw E & I

Ticket Date 04/15/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2190

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 11:51:04	Inbound	judy		Tare	73640 lb
Out	04/15/2010 12:08:27	Outbound	judy		Net	26980 lb
					Tons	46660 lb
						23.33

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.33	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

K. McElroy 161

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS:
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag
- I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/Type)

H. R. Blankenship
Signature of Generator's Authorized Agent**APRIL 15, 2010**

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-232 P/VA**
- e) Trailer or Container No.: **3161**
- f) Name of Driver: **X Keh Alcala**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X A. Alcala **04/15/2010**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Keh Alcala **04/15/2010**
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263205

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/15/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2191

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 11:52:22	Inbound	judy		Tare	64120 lb 25000 lb
Out	04/15/2010 12:10:09	Outbound	judy		Net	39120 lb
					Tons	19.56

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.56	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Eddie Wilh

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

23 Tons ☐ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 15, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-129P IVA**
e) Trailer or Container No.: **3195**
f) Name of Driver: **FREDDIE WILSON**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Freddie Wilson **04/15/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *J. Soudon*
f) The material delivered by the Transporter has been received at the Disposal Facility. *J. Soudon* **4-15-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263224

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/15/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2192

Destination

PQ 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 12:47:37	Inbound	judy		Tare	77360 lb 29840 lb
Out	04/15/2010 13:19:17	Outbound	judy		Net	47520 lb
					Tons	23.76

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.76	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Korman 3135

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable, ☐ Both, ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 15, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **13-143 PY/VA**
e) Trailer or Container No.: **3135 / 74**
f) Name of Driver: **X (SA) - 7 NICK -**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X (SA) - 7 NICK - **04/15/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sander**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Sander 4-15-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263225

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/15/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2193

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 422

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/15/2010 12:49:14	Inbound	judy		Tare	81180 lb 31920 lb
Out	04/15/2010 13:22:51	Outbound	judy		Net	49260 lb
					Tons	24.63

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.63	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**h) Disposal Volume: **(1) Load**☐ Non-Friable ☐ N/A ☐ % non-Friable**85** Tons ☐ Cubic Yards ☒ Other **1 Load**n) Type of Containers: **T R**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date **APRIL 15, 2010**

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **14-860 XA / VA**e) Trailer or Container No.: **3422-45**f) Name of Driver: **X Ray Lewis**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X Ray Lewis** Date of Receipt **04/15/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **Scandy**f) The material delivered by the Transporter has been received at the Disposal Facility: **Scandy 4-15-10**

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263269

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 04/16/2010

Vehicle# 199

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2197

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/16/2010 07:11:05	Inbound	judy		Tare	66740 lb
Out	04/16/2010 07:32:12	Outbound	judy		Net	25100 lb
					Tons	41640 lb
						20.82

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.82	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area A**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 15, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-188 P/VA**
- e) Trailer or Container No.: **3199**
- f) Name of Driver: **X / 11942 how C-11115**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
04/15/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263270

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/16/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2196

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 160

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/16/2010 07:12:59	Inbound	judy		Tare	68040 lb 25940 lb
Out	04/16/2010 07:36:45	Outbound	judy		Net	42100 lb
					Tons	21.05

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.05	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

C. Calk



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)


Signature of Generator's Authorized Agent

APRIL 15, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **110-230 F/VA**
- e) Trailer or Container No.: **3160**
- f) Name of Driver: *** Christopher Cook**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
*** Christopher Cook** **4/15/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Jetersville**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Jetersville** **4-16-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263271

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/16/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2200

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 223

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	70940 lb
In	04/16/2010 07:14:17	Inbound	judy		Tare	25760 lb
Out	04/16/2010 07:38:44	Outbound	judy		Net	45180 lb
					Tons	22.59

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.59	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263272

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/16/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2198

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3192

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/16/2010 07:15:44	Inbound	judy		Tare	68640 lb
Out	04/16/2010 07:41:03	Outbound	judy		Net	25860 lb
					Tons	42780 lb
						21.39

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.39	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P. H.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | |
|---|--|--|--|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> |
| | | | | | |
| | | | | | |

f) Common Name of Waste: <u>Lead Contaminated Soil</u> g) Description of Waste: <u>SWMU 54 - Area A</u> h) Disposal Volume: <u>(1) Load</u> <u>23</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u>	m) Asbestos ONLY - <table border="0" style="width: 100%;"> <tr> <td>☐ Friable;</td> <td>☐ Both;</td> <td><u> </u> % Friable</td> </tr> <tr> <td>☐ Non-Friable</td> <td>☐ N/A</td> <td><u> </u> % Non-Friable</td> </tr> </table> n) Type of Containers: <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>T</td><td>R</td></tr> </table>	☐ Friable;	☐ Both;	<u> </u> % Friable	☐ Non-Friable	☐ N/A	<u> </u> % Non-Friable	T	R
☐ Friable;	☐ Both;	<u> </u> % Friable							
☐ Non-Friable	☐ N/A	<u> </u> % Non-Friable							
T	R								

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.	TYPE OF CONTAINERS TR - Truck DM - Metal Drum DP - Plastic Drum BA - Bag BB - 6 mil. Plastic Bag BC - 12 mil. Plastic Bag
--	---

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 15, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-222 P/VA**
e) Trailer or Container No.: **3192**
f) Name of Driver: **x Pat Hanson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Pat Hanson **04/15/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---------------------|-----------------|
| _____ | _____ |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt _____

- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below

Signature of Driver _____

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/Type) J. L. Lander
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. L. Lander 1-16-10
- Signature of Driver, _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263273

Customer Name Shaw E and I Shaw E & I
Ticket Date 04/16/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2199
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 129
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/16/2010 07:17:57	Inbound	judy		Tare	68460 lb
Out	04/16/2010 07:44:14	Outbound	judy		Net	25160 lb
					Tons	43300 lb
						21.65

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.65	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William E Baker*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons ☐ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 15, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **10-2109 HA/VA**
e) Trailer or Container No.: **2129**
f) Name of Driver: **X William E Baker**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X William E Baker **04/15/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *J. Landfill*
f) The material delivered by the Transporter has been received at the Disposal Facility. *J. Landfill* **4-16-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Henrico Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263392

Customer Name Shaw E and 1 Shaw E & I

Ticket Date 04/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2119

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 455

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2010 07:08:40	Inbound	judy		Tare	87840 lb 29100 lb
Out	04/17/2010 07:35:50	Outbound	judy		Net	58740 lb
					Tons	29.37

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1. Cont Soil Met-Tons	100	29.37	Tons				VA
2. PGENV-Environmenta	100		%				VA
3. FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Jed E. O'Neil #455



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
27 Tons **27** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 5, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-755 PY/VA**
e) Trailer or Container No.: **3455/44**
f) Name of Driver: **J. J. F. D. J. W.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X **Signature of Driver** **Date of Receipt** **04/05/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. J. F. D. J. W.**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt** **4-17-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263393

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2137

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3087

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2010 07:10:13	Inbound	judy		Tare	79600 lb
Out	04/17/2010 07:41:26	Outbound	judy		Net	28620 lb
					Tons	50980 lb
						25.49

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.49	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

#3081 *Richard B. Baker*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)



Signature of Generator's Authorized Agent

APRIL 7, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **64-954 PY/VA**
- e) Trailer or Container No.: **3087113**
- f) Name of Driver: **X MICHAEL J. PATRICK**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X MICHAEL J. PATRICK 04/07/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **Amelia**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **Amelia 4-17-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263398

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2129

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 107 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	81280 lb
In	04/17/2010 07:23:27	Inbound	judy		Tare	32380 lb
Out	04/17/2010 07:46:57	Outbound	judy		Net	48900 lb
					Tons	24.45

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.45	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7688**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 6, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **11-5947 XA/VA**
- e) Trailer or Container No.: **3192140**
- f) Name of Driver: **X. DICE 10/15/10**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X **04/12/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver: _____ Date of Receipt: _____
- Signature of Driver: _____ Date of Receipt: _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: _____ Date of Receipt: _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver: _____ Date of Receipt: _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: _____ Date of Receipt: _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver: _____ Date of Receipt: _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Brimley**
- f) The material delivered by the Transporter has been received at the Disposal Facility:
Signature of Driver: **J. Brimley** Date of Receipt: **4-17-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver: _____ Date of Receipt: _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263405

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2195

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 427

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/17/2010 07:49:00	Inbound	judy		Tare	74960 lb
Out	04/17/2010 08:26:28	Outbound	judy		Net	28380 lb
					Tons	46580 lb
						23.29

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.29	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p><u>25</u> Tons _____ Cubic Yards <u>X</u> Other <u>1</u> Load</p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY -</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><u>1</u> <u>0</u> <u>1</u></p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><u>7</u> <u>5</u> <u>1</u> <u>V</u> <u>A</u></p> <p>☐ Friable; ☐ Both; _____ % Friable</p> <p>☐ Non-Friable ☐ N/A _____ % non-Friable</p> <p>n) Type of Containers:</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><u>T</u> <u>R</u></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC- 12 mil. Plastic Bag</p> </div> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)


Signature of Generator's Authorized Agent

APRIL 15, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **65-103817 / VA**
e) Trailer or Container No.: **3427120**
f) Name of Driver: **X Eric Ellis**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X  **04/15/2010**
Signature of Driver: _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY₁ - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---------------------|-----------------|
| _____ | _____ |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | Signature of Driver | Date of Receipt |
|---------------------|-----------------|
| _____ | _____ |

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. J. Landfill
- f) The material delivered by the Transporter has been received at the
Disposal Facility. Landfill 4-17-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263426

Customer Name Shaw E and 1 Shaw E & 1

Ticket Date 04/19/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2194

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 126

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/19/2010 07:09:44	Inbound	judy		Tare	82160 lb
Out	04/19/2010 07:36:44	Outbound	judy		Net	31120 lb
					Tons	51040 lb
						25.52

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.52	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Rachel L. L. L.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friablef) Common Name of Waste: **Lead Contaminated Soil**g) Description of Waste: **SWMU 54 - Area A**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****25** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP****APRIL 15, 2010**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **72-184 PY/VA**e) Trailer or Container No.: **3126126**f) Name of Driver: **Robert L. EARL, JR.**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Robert L. EARL, JR.** Date of Receipt **04/15/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. B. Borden**f) The material delivered by the Transporter has been received at the Disposal Facility. **by 4-19-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 263521

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/19/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2136

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 126

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/19/2010 13:26:15	Inbound	judy		Tare	76840 lb
Out	04/19/2010 14:03:11	Outbound	judy		Net	30420 lb
					Tons	46420 lb
						23.21

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.21	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Rene L. L.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons _____ Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

APRIL 7, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **72-184 PY 1VA**
e) Trailer or Container No.: **3126158**
f) Name of Driver: **X Robert L. LEARL, JR**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Robert L. LEARL, JR **04/07/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. J. Jeter**
f) The material delivered by the Transporter has been received at the Disposal Facility: **Dandy** **4-19-10**

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264291

Customer Name Shaw E and I Shaw E & I

Ticket Date 04/27/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2125

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 197

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	04/27/2010 08:40:55	Inbound	judy		Tare	76500 lb 31300 lb
Out	04/27/2010 09:34:38	Outbound	JUDY		Net	45200 lb
					Tons	22.60

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.60	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | | | |
|--|--------------------------------|-----------------------------|--|--|--|--|---|-----------------------------------|--------------------------------|-------------------------|--------------------------------------|------------------------------|-----------------------------|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
<u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p><u>25</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | | | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
<u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY -</p> <table border="0"> <tr> <td>☐ Friable.</td> <td>☐ Both;</td> <td><u> </u> % Friable</td> </tr> <tr> <td>☐ Non-Friable</td> <td>☐ N/A</td> <td><u> </u> % non-Friable</td> </tr> </table> <p>o) Type of Containers:</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>T</td><td>R</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> | ☐ Friable. | ☐ Both; | <u> </u> % Friable | ☐ Non-Friable | ☐ N/A | <u> </u> % non-Friable | T | R |
| | | | | | | | | | | | | | | | |
| ☐ Friable. | ☐ Both; | <u> </u> % Friable | | | | | | | | | | | | | |
| ☐ Non-Friable | ☐ N/A | <u> </u> % non-Friable | | | | | | | | | | | | | |
| T | R | | | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (printType)

Signature of Generator's Authorized Agent

APRIL 6, 2010

Shipment Date.

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 11-597 XA / VA
e) Trailer or Container No.: 3192 / 54
f) Name of Driver: X Ford / 1011EV
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X 10/10/2010 04/06/2010
Signature of Driver: _____ Date of Receipt: _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below

Signature of Driver

Date of Receipt _____

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| Signature of Driver | Date of Receipt |
|---------------------|-----------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **A. Landfill**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **A. Landfill 4-27-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266303

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/13/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2201

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 153

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/13/2010 14:57:09	Inbound	judy		Tare	75180 lb 26340 lb
Out	05/13/2010 15:14:19	Outbound	judy		Net	48840 lb
					Tons	24.42

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.42	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M.L.

152

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): Alliant Techsystems, Inc.

k) Address: Route 114
Radford, VA 24141

l) Telephone Number: (540) 639-7631

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

h) Disposal Volume: **(1) Load**
20 Tons Cubic Yards **X** Other **1 Load**

n) Type of Containers:	
T	R

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS	
TR - Truck	
DM - Metal Drum	
DP - Plastic Drum	
BA - Bag	
BB - 6 mil. Plastic Bag	
BC - 12 mil. Plastic Bag	

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 13, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-241P / VA**
e) Trailer or Container No.: **3153**
f) Name of Driver: **x MARK Litchford SR.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Mark Litchford SR. 05/13/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without injury or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was
delivered from the generator on the date of receipt referenced below:

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

h) I hereby warrant that the above described material was delivered
without incident or contamination on the date of delivery referenced
below.

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: Amelia Landfill

b) Physical Address: 20221 Maplewood Rd, Jetersville VA

c) Telephone Number: 804-561-6111 23083

d) Mailing Address: Same

e) Name of Disposal Facility's
Authorized Agent (print/type) J. Brandy

f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Brandy 5-12-10

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date.

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266307

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/13/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2202

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3192

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/13/2010 15:20:29	Inbound	judy		Tare	73660 lb*
Out	05/13/2010 15:20:49	Outbound	judy		Net	26160 lb*
			* Manual Weight		Tons	47500 lb
						23.75

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.75	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P.H



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

20 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers: **T R**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

h. r. blankenship

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 13, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-222 P/VA**
e) Trailer or Container No.: **3192**
f) Name of Driver: **PAT HANSEN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
PAT Hansen **05/13/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility: **5-13-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2021 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266326

Customer Name Shaw E and J Shaw E & I

Ticket Date 05/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2203

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/14/2010 07:09:49	Inbound	judy		Tare	75440 lb 25320 lb
Out	05/14/2010 07:24:32	Outbound	judy		Net	50120 lb
					Tons	25.06

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.06	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Freddie Wilk

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
10 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 13, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **16-129 F/VA**
e) Trailer or Container No.: **3195**
f) Name of Driver: **FREDDIE WILSON**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
Freddie Wilson **05/13/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **25083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
Freddie Wilson **5-14-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2021 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266327

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/14/2010

Vehicle# 100

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2207

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/14/2010 07:11:08	Inbound	judy		Tare	71840 lb 26080 lb
Out	05/14/2010 07:27:28	Outbound	judy		Net	45760 lb
					Tons	22.88

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.88	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

JR Dillon



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2207**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
20 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 13, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **1b-249 P/VA**
e) Trailer or Container No.: **3100**
f) Name of Driver: **J. DILLON**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
J. Dillon **05/13/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266328

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2208

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 113

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/14/2010 07:12:30	Inbound	judy		Tare	70660 lb
Out	05/14/2010 07:30:58	Outbound	judy		Net	26060 lb
					Tons	44600 lb
						22.30

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.30	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
20 Tons **1** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 13, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0608**
d) Vehicle License No./State: **16-245P1VA**
e) Trailer or Container No.: **3113**
f) Name of Driver: **X. J. Smith**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266329

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2205

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 160

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/14/2010 07:14:42	Inbound	judy		Tare	75240 lb
Out	05/14/2010 07:34:42	Outbound	judy		Net	26140 lb
					Tons	49100 lb
						24.55

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.55	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

C. Cook



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2205**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area A**
- h) Disposal Volume: **(1) Load**
20 Tons ☐ Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

- n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 13, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0808**
- d) Vehicle License No./State: **110-2310P / VA**
- e) Trailer or Container No.: **31100**
- f) Name of Driver: **x Christopher Cook**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Christopher Cook **05/13/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-8111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **C. L. Louch**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **C. L. Louch 5-14-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266330

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2206

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101731VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 460

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/14/2010 07:15:57	Inbound	judy		Tare	68400 1b 26140 1b
Out	05/14/2010 07:38:46	Outbound	judy		Net	42260 1b
					Tons	21.13

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.13	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donna Thomas

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 84 - Area A**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****20** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 13, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **110-244P/VA**e) Trailer or Container No.: **3460**f) Name of Driver: **Kevin Shepherd**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Kevin Shepherd** Date of Receipt **05/13/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Sawyer**f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Sawyer 5-14-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266331

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/14/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2204

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 124

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/14/2010 07:17:42	Inbound	judy		Tare	78500 lb
Out	05/14/2010 07:42:44	Outbound	judy		Net	25640 lb
					Tons	52860 lb
						26.43

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons 100		26.43	Tons				VA
2 P6ENV-Environmenta 100			%				VA
3 FUEL-Fuel Surcharg 100			%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7688**e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers:

T	R
---	---

20 Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 13, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **41-630P/VA**e) Trailer or Container No.: **3124**f) Name of Driver: **Marvin H Caldwell JR**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Marvin H Caldwell JR** Date of Receipt **05/13/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20281 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Landfill**f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Landfill 5-14-10**

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266484

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2216

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/17/2010 07:08:50	Inbound	judy		Tare	70840 lb 27260 lb
Out	05/17/2010 07:29:03	Outbound	judy		Net	43580 lb
					Tons	21.79

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.79	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

K. McElroy 161



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2216**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1
Radford, VA 24143**

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area A**

h) Disposal Volume: **(1) Load**
20 Tons ☐ Cubic Yards ☒ Other **1 Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114
Radford, VA 24141**

l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 14, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0808**

d) Vehicle License No./State: **110-232 P/VA**

e) Trailer or Container No.: **31161**

f) Name of Driver: **K. McElroy**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **K. McElroy** Date of Receipt **05/14/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **K. McElroy** Date of Receipt **5/15/2010**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20231 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sander**

f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Sander 5-17-10**
Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266485

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2212

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/17/2010 07:10:24	Inbound	judy		Tare	75420 1b
Out	05/17/2010 07:40:52	Outbound	judy		Net	25380 1b
					Tons	50040 1b
						25.02

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.02	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Forde W

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area A**
- h) Disposal Volume: **(1) Load**
20 Tons **0** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent**MAY 14 2010**
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-129P/VA**
- e) Trailer or Container No.: **3195**
- f) Name of Driver: **FREDNIE W. LSON**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Frednie W. Lson **05/14/2010**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) *Amelia Landfill*
- f) The material delivered by the Transporter has been received at the Disposal Facility. *Amelia Landfill* **5-17-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Angelia Landfill
8021 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266486

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2214

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 100

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/17/2010 07:11:50	Inbound	judy		Tare	72420 1b 26300 1b
Out	05/17/2010 07:45:55	Outbound	judy		Net	46120 1b
					Tons	23.06

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.06	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

AR Dillon





Manifest No. 2214

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- | <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 64 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p>_____ Tons _____ Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable</p> <p>o) Type of Containers:</p> <div style="display: flex; align-items: center;"> T R <div style="margin-left: auto;"> <table border="1" style="text-align: center; font-weight: bold;"> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">7</td> <td style="padding: 5px;">5</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">V</td> <td style="padding: 5px;">A</td> </tr> </table> </div> </div> <div style="margin-top: 10px;"> <table border="1" style="font-size: small;"> <thead> <tr> <th colspan="2">TYPE OF CONTAINERS</th> </tr> </thead> <tbody> <tr><td>TR</td><td>- Truck</td></tr> <tr><td>DM</td><td>- Metal Drum</td></tr> <tr><td>DP</td><td>- Plastic Drum</td></tr> <tr><td>BA</td><td>- Bag</td></tr> <tr><td>BB</td><td>- 6 mil. Plastic Bag</td></tr> <tr><td>BC</td><td>- 12 mil. Plastic Bag</td></tr> </tbody> </table> </div> | | | 1 | 0 | 1 | 7 | 5 | 1 | V | A | TYPE OF CONTAINERS | | TR | - Truck | DM | - Metal Drum | DP | - Plastic Drum | BA | - Bag | BB | - 6 mil. Plastic Bag | BC | - 12 mil. Plastic Bag |
|--|---|---|---|---|---|---|---|---|---|---|---|--------------------|--|----|---------|----|--------------|----|----------------|----|-------|----|----------------------|----|-----------------------|
| | | 1 | 0 | 1 | 7 | 5 | 1 | V | A | | | | | | | | | | | | | | | | |
| TYPE OF CONTAINERS | | | | | | | | | | | | | | | | | | | | | | | | | |
| TR | - Truck | | | | | | | | | | | | | | | | | | | | | | | | |
| DM | - Metal Drum | | | | | | | | | | | | | | | | | | | | | | | | |
| DP | - Plastic Drum | | | | | | | | | | | | | | | | | | | | | | | | |
| BA | - Bag | | | | | | | | | | | | | | | | | | | | | | | | |
| BB | - 6 mil. Plastic Bag | | | | | | | | | | | | | | | | | | | | | | | | |
| BC | - 12 mil. Plastic Bag | | | | | | | | | | | | | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date MAY 14, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 16-249 P/VA
e) Trailer or Container No.: 3100
f) Name of Driver: X J R DILLON
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X AKD 05/14/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---|-----------------|
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: | |
| Signature of Driver | Date of Receipt |

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) D. Saurby
- f) The material delivered by the Transporter has been received at the
Disposal Facility. D. Saurby 5-17-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266487

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/17/2010

Vehicle# 113

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2215

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/17/2010 07:13:19	Inbound	judy		Tare	69160 lb
Out	05/17/2010 07:54:46	Outbound	judy		Net	26120 lb
					Tons	43040 lb
						21.52

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.52	Tons				VA
2 PBENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area A**
- h) Disposal Volume: **(1) Load**
20 Tons **0** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 14, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0608**
- d) Vehicle License No./State: **16-245P/VA**
- e) Trailer or Container No.: **3113**
- f) Name of Driver: **James J. J. J.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **J. J. J.** Date of Receipt **05/14/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. J. J.**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. J. J. 5-17-10**
Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266489

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2213

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 124

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/17/2010 07:16:28	Inbound	judy		Tare	77300 lb 25660 lb
Out	05/17/2010 07:48:11	Outbound	judy		Net	51640 lb
					Tons	25.82

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.82	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
20 Tons **0** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable	☐ Both	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- | |
|--------------------------|
| TYPE OF CONTAINERS |
| TR - Truck |
| DM - Metal Drum |
| DP - Plastic Drum |
| BA - Bag |
| BB - 6 mil. Plastic Bag |
| BC - 12 mil. Plastic Bag |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 14, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **41-630P/VA**
- e) Trailer or Container No.: **3124**
- f) Name of Driver: **✓**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Sonny Caldwell 05/14/2010
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
[Signature]
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **[Signature] 5-17-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated; or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2021 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266488

Customer Name Shaw E and L Shaw E & L

Ticket Date 05/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2211

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 160

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/17/2010 07:14:53	Inbound	judy		Tare	73460 lb 26020 lb
Out	05/17/2010 07:52:04	Outbound	judy		Net	47440 lb
					Tons	23.72

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.72	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

C. Cook



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 54 - Area A**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****20** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP***H. R. Blankenship*
Signature of Generator's Authorized Agent**MAY 14, 2010**

Generator's Authorized Agent Name (print/type)

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **110-236P/VA**e) Trailer or Container No.: **3160**f) Name of Driver: **x Chris Cuth**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

x Chris Cuth **05/14/2010**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **Dandley**f) The material delivered by the Transporter has been received at the Disposal Facility. **Dandley 5-17-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20321 Maplewood Rd
etersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266503

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/17/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2210

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3578

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/17/2010 07:54:28	Inbound	judy		Tare	72880 1b
Out	05/17/2010 08:24:58	Outbound	judy		Net	25920 1b
					Tons	46960 1b
						23.48

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.48	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2210**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7688**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

20 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKONSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 14, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **110-230P/VA**
e) Trailer or Container No.: **357B**
f) Name of Driver: **x Key, n b 10 TRUCKER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **x Key, n b 10** Date of Receipt **05/14/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20321 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **C. Anderson**
f) The material delivered by the Transporter has been received at the Disposal Facility: **C. Anderson 5-17-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221-Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266838

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/19/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2217

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 130

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/19/2010 11:21:13	Inbound	rodregus		Tare	70580 1b 29660 1b
Out	05/19/2010 11:44:15	Outbound	rodregus		Net	40920 1b
					Tons	20.46

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.46	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Ray Jones*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: Alliant Techsystems, Inc.
- b) Generator's Address: P.O. Box 1
Radford, VA 24143
- c) Generator's Representative: Jeremy Flint
- d) Telephone Number: (540) 839-7668
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--
- f) Common Name of Waste: Lead Contaminated Soil
- g) Description of Waste: SWMU 84 - Area A
- h) Disposal Volume: (1) Load
- 25 Tons Cubic Yards X Other 1 Load
- i) Number of Containers: One
- o) I hereby warrant that the above named material is the same material as Application identified by the above Waste Management Code and such the shipment date referenced below.

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19 , 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **56-8135 1VA**
e) Trailer or Container No.: **3230 / 92**
f) Name of Driver: **X Ray, Louis**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ray **5-19-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- _____
Signature of Driver
- _____
Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- _____
Signature of Driver
- _____
Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-8111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) _____
- f) The material delivered by the Transporter has been received at the
Disposal Facility. N. Miller 5-19-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Atterria Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
PR: (804) 561-5787

Original
Ticket# 266839

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/19/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2218

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 437

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/19/2010 11:31:26	Inbound	rodregus		Tare	75820 lb 29940 lb
Out	05/19/2010 11:52:26	Outbound	rodregus		Net	46880 lb
					Tons	23.44

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.44	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Rence 437



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2218**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 54 - Area A**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****TYPE OF CONTAINERS**
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**25** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **65-5374/VA**e) Trailer or Container No.: **3437156**f) Name of Driver: **X Bruce Hampton**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Bruce Hampton** Date of Receipt **5-19-10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type)

f) The material delivered by the Transporter has been received at the Disposal Facility. **K. Zota** **5-19-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266868

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/19/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2219

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 110

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/19/2010 13:28:02	Inbound	rodregus		Tare	72120 1b
Out	05/19/2010 13:54:46	Outbound	rodregus		Net	31060 1b
					Tons	41060 1b
						20.53

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.53	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

110 Summons



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2219**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

25 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0608**
d) Vehicle License No./State: **65-3945 / VA**
e) Trailer or Container No.: **110 / 152**
f) Name of Driver: **DILLISINAGIS**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] **5-19-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **[Signature]** **5-19-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Apelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266869

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/19/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2220

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 57

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/19/2010 13:29:20	Inbound	rodregus		Tare	79380 lb
Out	05/19/2010 13:51:45	Outbound	rodregus		Net	31380 lb
					Tons	48000 lb
						24.00

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont/Soil Met-Tons	100	24.00	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2220**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area A**
h) Disposal Volume: **(1) Load**
25 Tons **_____** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
OP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **76-8008 VA**
e) Trailer or Container No.: **357 1366**
f) Name of Driver: **WILLIAM KICKETT**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **5-19-10** Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **1 Kater** **5-19-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266877

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/19/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2221

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 126

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/19/2010 14:22:50	Inbound	rodregus		Tare	76620 lb 30700 lb
Out	05/19/2010 14:47:21	Outbound	rodregus		Net	45920 lb
					Tons	22.96

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.96	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2221**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7868**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY -

☐ Friable	☐ Both	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

i) Number of Containers: **25** Tons **1** Cubic Yards **X** Other **1 Load**

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **72-1848 / VA**
e) Trailer or Container No.: **3126 / 58**
f) Name of Driver: **Y. K. K. L. K. L.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **5-19-10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **Signature of Driver** **5-19-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20821 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266896

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/19/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2225

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3089

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/19/2010 15:16:54	Inbound	rodregus		Tare	66780 lb 25920 lb
Out	05/19/2010 15:33:19	Outbound	rodregus		Net	40860 lb
					Tons	20.43

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.43	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M. L.



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2225**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area A**

h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons **1** Cubic Yards **X** Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0808**

d) Vehicle License No./State: **16-271 P1VA**

e) Trailer or Container No.: **3089**

f) Name of Driver: **MARK Litchford SR**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
Mark Litchford SR 5-19-10

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type) _____

f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
n. 10.10 5-19-10

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266897

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/19/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2226

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3192

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/19/2010 15:17:56	Inbound	rodregus		Tare	69720 lb 25960 lb
Out	05/19/2010 15:34:50	Outbound	rodregus		Net	43760 lb
					Tons	21.88

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.88	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2226**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-222 P1VA**
e) Trailer or Container No.: **3192**
f) Name of Driver: **Pat H. Allen**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Pat H. Allen** Date of Receipt **5-19-10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **P. R. Tate** **5-19-10**

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266910

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/20/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2229

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/20/2010 07:25:09	Inbound	judy		Tare	65160 1b
Out	05/20/2010 07:39:22	Outbound	judy		Net	25320 1b
					Tons	39840 1b
						19.92

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.92	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2229**

199

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1
Radford, VA 24143**

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE ☐☐☐☐☐☐☐☐☐☐

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 84 - Area A**

h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114
Radford, VA 24141**

l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

_____ Tons _____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **16-1BBP/VA**

e) Trailer or Container No.: **3199**

f) Name of Driver: **A. M. G. + H. C. + L. S.**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt **05/19/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20231 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-661-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **J. S. Soudy**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt **5-20-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266912

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/20/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2227

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/20/2010 07:31:19	Inbound	judy		Tare	72200 lb
Out	05/20/2010 07:45:26	Outbound	judy		Net	27220 lb
					Tons	44980 lb
						22.49

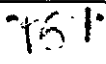
Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.49	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

KW 161



Manifest No. 2227

SECTION 1

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7831**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

- n) Type of Containers:

T	R
----------	----------

- TYPE OF CONTAINERS

- TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

HR Shalinski

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- SECTION 3 TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

- | | |
|---|-----------------|
| Signature of Driver | Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |
| Signature of Driver | Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

- SECTION 5 DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
b) Physical Address: 20221 Maplewood Rd, Jetersville VA
c) Telephone Number: 804-561-6111 23083
d) Mailing Address: Same
e) Name of Disposal Facility's
Authorized Agent (print name): Amelia Landfill

- f) The material delivered by the Transporter has been received at the Disposal Facility. 0-AMMUN 5-30-10

- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- c) Telephone Number: () _____

- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hamelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266913

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/20/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2223

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/20/2010 07:32:50	Inbound	judy		Tare	66820 lb
Out	05/20/2010 07:48:37	Outbound	judy		Net	25260 lb
					Tons	41560 lb
						20.78

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.78	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Freddie Wil

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY -

☐ Friable,	☐ Both,	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

MAY 19, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-129 P / VA**
e) Trailer or Container No.: **3195**
f) Name of Driver: **Freddie Wilcox**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Freddie Wilcox **5-19-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *Amelia Landfill*
f) The material delivered by the Transporter has been received at the Disposal Facility. *Amelia Landfill* **5-20-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266976

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/20/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2230

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 130

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/20/2010 10:58:10	Inbound	judy		Tare	83140 1b 29700 1b
Out	05/20/2010 11:23:43	Outbound	judy		Net	53440 1b
					Tons	26.72

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.72	Tons				VA
2 PEENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 20, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **56-813 PY/VA**
e) Trailer or Container No.: **3130/192**
f) Name of Driver: **X. R. Blankenship**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X. R. Blankenship **05/20/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. D. Douchy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. D. Douchy** **5-23-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Wella Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267002

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/20/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2231

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 100

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/20/2010 13:08:59	Inbound	judy		Tare	71380 lb 25720 lb
Out	05/20/2010 13:32:25	Outbound	judy		Net	45660 lb
					Tons	22.83

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.83	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

J R Diller

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable;
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 20, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-249P /VA**
- e) Trailer or Container No.: **3100**
- f) Name of Driver: **AJR DILLON**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **AJR Dillon** Date of Receipt **05/20/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-8111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **J. Scouffey**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **J. Scouffey** Date of Receipt **5.20.10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



20224 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267005

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/20/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2232

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 113

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/20/2010 13:15:29	Inbound	judy		Tare	70860 lb
Out	05/20/2010 13:39:26	Outbound	judy		Net	25860 lb
					Tons	45000 lb
						22.50

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.50	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both, _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

_____ Tons _____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 20, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-245P/VA**
e) Trailer or Container No.: **3H3**
f) Name of Driver: **Sam Roberts**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Sam Roberts **05/20/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Acordy**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Acordy **5-20-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083.
Ph: (804) 561-5787

Original
Ticket# 267049

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2239

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-S4))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 165

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:06:51	Inbound	judy		Tare	71600 lb 26120 lb
Out	05/21/2010 07:20:13	Outbound	judy		Net	45480 lb
					Tons	22.74

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.74	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable; ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 20, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **16-242 P/VA**
e) Trailer or Container No.: **311051**
f) Name of Driver: **W. H. H. + C.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **W. H. H. + C.** Date of Receipt **05/20/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **W. H. H. + C.**
f) The material delivered by the Transporter has been received at the Disposal Facility. **W. H. H. + C. 5-21-10**
Signature of Drivers _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landrill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267050

Customer Name Shaw E and I Shaw E & I
Ticket Date 05/21/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2234
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 460 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:08:03	Inbound	judy		Tare	68140 lb
Out	05/21/2010 07:23:08	Outbound	judy		Net	26880 lb
					Tons	41260 lb
						20.63

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.63	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐f) Common Name of Waste: **Lead Contaminated Soil**

m) Asbestos ONLY -

☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**

n) Type of Containers:

☒ T ☐ R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

15 Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP**MAY 20, 2010**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **16-244 P/VA**e) Trailer or Container No.: **3460**f) Name of Driver: **AT**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X** Date of Receipt **05/20/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **A. Drouillard**f) The material delivered by the Transporter has been received at the Disposal Facility. **5-31-10**

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267051

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2238

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 180

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:09:27	Inbound	judy		Tare	69480 1b
Out	05/21/2010 07:26:20	Outbound	judy		Net	29360 1b
					Tons	40120 1b
						20.06

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.06	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *John B. Dunt*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 20, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **47-465 P/VA**
e) Trailer or Container No.: **3180**
f) Name of Driver: **x John H Hunt**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x John H Hunt **05/20/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **25083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Sandy**
f) The material delivered by the Transporter has been received at the Disposal Facility: **Sandy 5-31-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267052

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2237

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3578

Volume

Container

Driver

Check#

Billing # 0001492

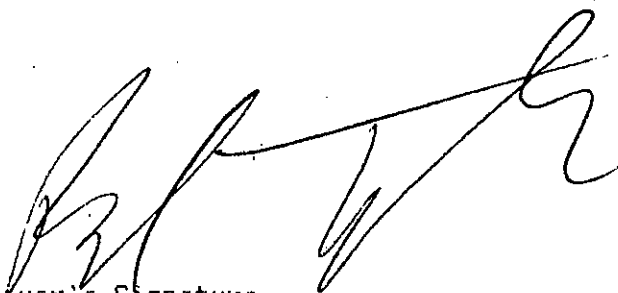
Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:10:54	Inbound	judy		Tare	71160 lb
Out	05/21/2010 07:30:12	Outbound	judy		Net	26440 lb
					Tons	44720 lb
						22.36

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.36	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA


Driver's Signature

Total Fees
Total Ticket



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

____ Tons ____ Cubic Yards ☒ Other **1 Load**

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 20, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **11A-230P/VA**
e) Trailer or Container No.: **3578**
f) Name of Driver: **X Reynolds Franklin**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **[Signature]** Date of Receipt **05/20/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **[Signature]**
f) The material delivered by the Transporter has been received at the Disposal Facility. **[Signature]** **5-21-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hmeila Landfill
20221 Maplewood Rd
Jettersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267053

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2240

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 153

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:12:29	Inbound	judy		Tare	75280 lb
Out	05/21/2010 07:34:28	Outbound	judy		Net	26860 lb
					Tons	48420 lb
						24.21

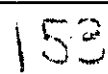
Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.21	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Davis

Total Fees
Total Ticket

Driver's Signature



Manifest No. 2240

SECTION 1

GENERATOR INFORMATION (generator to complete)

- j) - Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers: ☐ F ☒ D TYPE OF CONTAINERS

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag

H. R. [Signature]
Signature of Generator's Authorized Agent

MAY 20, 2010

Generator's Authorized Agent Name (printType)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-241P/VA**
- e) Trailer or Container No.: **3153**
- f) Name of Driver: **Donnie Dawson**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X X Donnie Dawson **05/20/2010**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---|-----------------|
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |
| Signature of Driver | Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) Brandon
- f) The material delivered by the Transporter has been received at the
Disposal Facility. C. Brandy 5-21-0
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

¹“Operator” is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd,
etersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267054

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2241

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3192

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:14:44	Inbound	judy		Tare	74500 1b
Out	05/21/2010 07:37:44	Outbound	judy		Net	26580 1b
					Tons	47920 1b
						23.96

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.96	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P. H

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7688**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons _____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 20, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **16-222 F/VA**
e) Trailer or Container No.: **3192**
f) Name of Driver: **X PAT HANSEN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Pat Hansen **05/20/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **C. Landry**
f) The material delivered by the Transporter has been received at the Disposal Facility: **C. Landry 5-21-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Original
Ticket# 267055
H0211A Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2235

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 199

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:16:02	Inbound	judy		Tare	76400 lb
Out	05/21/2010 07:39:47	Outbound	judy		Net	25900 lb
					Tons	50500 lb
						25.25

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.25	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

i) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 20, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-188P/VA**
e) Trailer or Container No.: **3199**
f) Name of Driver: **Matthew Cyrus**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **[Signature]** Date of Receipt **05/20/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
f) The material delivered by the Transporter has been received at the Disposal Facility: **[Signature]** **5-21-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Original
Ticket# 267056
Hmella Landfill
20321 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Customer Name Shaw E and 1 Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2236

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 160

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:17:26	Inbound	judy		Tare	74540 1b
Out	05/21/2010 07:42:51	Outbound	judy		Net	26720 1b
					Tons	47820 1b
						23.91

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.91	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

C. Cook

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
____ Tons ____ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ____ % Friable
☐ Non-Friable ☐ N/A ____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 20, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **110-236 P / VA**
e) Trailer or Container No.: **31160**
f) Name of Driver: **Chris**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Chris** Date of Receipt **05/20/10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Amelia**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver _____ Date of Receipt **5-21-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267061

Customer Name Shaw E and T Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2233

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 110

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:29:40	Inbound	judy		Tare	86740 lb 32120 lb
Out	05/21/2010 07:56:12	Outbound	judy		Net	54620 lb
					Tons	27.31

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.31	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bill Simon #110



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u> </u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-394 PY/VA**
e) Trailer or Container No.: **3110/152**
f) Name of Driver: **BILL SIMMONS 110**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Bill Simmons 110 **05/20/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) V. K. Kooch
- f) The material delivered by the Transporter has been received at the
Disposal Facility. V. K. Kooch 5-31-10
- Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20821 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267062

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2224

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3081

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 07:32:12	Inbound	judy		Tare	66260 lb
Out	05/21/2010 07:59:11	Outbound	judy		Net	26720 lb
					Tons	39540 lb
						19.77

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.77	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2224**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date **MAY 19, 2010**

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **47-502 P 1VA**
e) Trailer or Container No.: **3081**
f) Name of Driver: **Chris Dancy**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Chris Dancy** Date of Receipt **5-19-10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **Chris Dancy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **Chris Dancy 5-21-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hme11a Landfill
20221 Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267128

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2242

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 10:51:59	Inbound	judy		Tare	75640 lb
Out	05/21/2010 11:04:19	Outbound	judy		Net	27900 lb
					Tons	47740 lb
						23.87

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.87	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

K. M. [Signature] 161



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 21, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-232 P/VA**
e) Trailer or Container No.: **3161**
f) Name of Driver: **Ken McLaughlin**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Ken McLaughlin **05/21/2010**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Acord**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Acord** **5-21-10**
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd.
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267129

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2243

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 10:53:16	Inbound	judy		Tare	70480 1b
Out	05/21/2010 11:06:05	Outbound	judy		Net	25920 1b
					Tons	44560 1b
						22.28

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.28	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Teddie White

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area A**
h) Disposal Volume: **(1) Load**
Tons Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

MAY 21, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **16-129 P/VA**
e) Trailer or Container No.: **3195**
f) Name of Driver: **FREDDIE WILSON**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Fredrick Wilson **05/21/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *Scotty*
f) The material delivered by the Transporter has been received at the Disposal Facility:
Scotty **5-21-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hmella Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267153

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/21/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2245

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 130

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/21/2010 12:48:13	Inbound	judy		Tare	76360 lb*
Out	05/21/2010 12:48:34	Outbound	judy		Net	30260 lb*
			* Manual Weight		Tons	46100 lb
						23.05

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.05	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****TYPE OF CONTAINERS**
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**Tons** **Cubic Yards** **X Other 1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 21, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **50-813 PY IVA**e) Trailer or Container No.: **3130192**f) Name of Driver: **X Ray L. W. C.**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X Ray L. W. C.** Date of Receipt **05/21/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**

e) Name of Disposal Facility's

Authorized Agent (print/type): **J. Sanchez**f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Sanchez 5-21-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landrill
30231 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267208

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/24/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2256

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 180

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:01:52	Inbound	judy		Tare	75940 1b
Out	05/24/2010 07:16:55	Outbound	judy		Net	29480 1b
					Tons	46460 1b
						23.23

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.23	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

John N. Hunt



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 21, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **47-465 P / VA**
e) Trailer or Container No.: **2180**
f) Name of Driver: **John H. H. H.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
5-21-10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **D. Saurby**
f) The material delivered by the Transporter has been received at the Disposal Facility. **D. Saurby 5-24-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267211

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/24/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2252

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 153

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:09:03	Inbound	judy		Tare	68340 lb
Out	05/24/2010 07:29:30	Outbound	judy		Net	26780 lb
					Tons	41560 lb
						20.78

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.78	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Davis

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
23 Tons **23** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

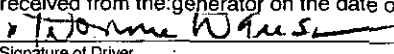
Generator's Authorized Agent Name (print/type)


Signature of Generator's Authorized Agent**MAY 21, 2010**

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0808**
- d) Vehicle License No./State: **16-241 P / VT**
- e) Trailer or Container No.: **3153**
- f) Name of Driver: **Donnie Dawson**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 **5-21-10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

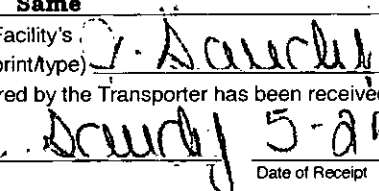
SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville, VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sanchez**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
 **5-24-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Abella Landfill
20221 Maplewood Rd
Jettersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267212

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/24/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2255

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 460

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:10:23	Inbound	judy		Tare	74280 lb
Out	05/24/2010 07:37:24	Outbound	judy		Net	26840 lb
					Tons	47440 lb
						23.72

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.72	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**d) Telephone Number: **(540) 639-7668**l) Telephone Number: **(540) 639-7631**

e) WASTE MANAGEMENT APPROVAL CODE

☐☐☐☐☐☐☐☐f) Common Name of Waste: **Lead Contaminated Soil**g) Description of Waste: **SWMU 54 - Area A**h) Disposal Volume: **(1) Load**

m) Asbestos ONLY -

☐ Friable;☐ Both;☐ % Friable☐ Non-Friable☐ N/A☐ % Non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

13 Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 21, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **16-244 P/VA**e) Trailer or Container No.: **3460**f) Name of Driver: **Jeffrey Wheeler**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Jeffrey Wheeler** Date of Receipt **5-21-10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-661-6111** **23083**d) Mailing Address: **Same**

e) Name of Disposal Facility's

Authorized Agent (print/type): **Sandy**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **Sandy** Date of Receipt **5-24-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267213

Customer Name Shaw E and I Shaw E & I
Ticket Date 05/24/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2246
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 100
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:11:50	Inbound	judy		Tare	66140 lb
Out	05/24/2010 07:41:23	Outbound	judy		Net	26460 lb
					Tons	39680 lb
						19.84

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.84	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

J R Dillon

If waste is asbestos waste, complete all Sections.
 If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1
GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
 b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
 c) Generator's Representative: **Jeremy Flint**
 d) Telephone Number: **(540) 639-7668**
 e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**
 k) Address: **Route 114**
Radford, VA 24141
 l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
 g) Description of Waste: **SWMU 54 - Area A**
 h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable, ☐ Both, ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
 TR - Truck
 OM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
 i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

[Signature]

MAY 21, 2010

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2
TRANSPORTER 1
SECTION 3
TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: **Thompson Trucking**
 b) Transporter's Address: **PO Box 969, Concord, VA**
 c) Telephone Number: **(434) 610-0508**
 d) Vehicle License No./State: **16-244 P / VA**
 e) Trailer or Container No.: **3100**
 f) Name of Driver: **JR DILLON**
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] **5-21-2010**
 Signature of Driver Date of Receipt

a) Transfer Facility's Name: _____
 b) Transfer Facility's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

SECTION 4
TRANSPORTER 2- (complete if applicable)
SECTION 5
DESTINATION - (Disposal Facility)

a) Transporter's Name: _____
 b) Transporter's Address: _____
 c) Telephone Number: () _____
 d) Vehicle License No./State: _____
 e) Trailer or Container No.: _____
 f) Name of Driver: _____
 g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 Signature of Driver Date of Receipt
 h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
 Signature of Driver Date of Receipt

a) Disposal Facility's Name: **Amelia Landfill**
 b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
 c) Telephone Number: **804-561-6111** **23083**
 d) Mailing Address: **Same**
 e) Name of Disposal Facility's Authorized Agent (print/type): **A. Connelly**
 f) The material delivered by the Transporter has been received at the Disposal Facility.
[Signature] **5-24-10**
 Signature of Driver Date of Receipt
 g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
 Signature of Driver Date of Receipt

SECTION 6
ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
 b) Operator's Address: _____
 d) Recommended special handling instructions and additional information: _____
 e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Fetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267214

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/24/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2251

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3081

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:13:16	Inbound	judy		Tare	67180 lb
Out	05/24/2010 07:43:40	Outbound	judy		Net	26600 lb
					Tons	40580 lb
						20.29

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.29	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Chris Beggs





NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2251**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons ☐ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 21, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **47-502 P / VA**
e) Trailer or Container No.: **3081**
f) Name of Driver: **X Chris Jacoby**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
5-21-10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20231 Maplewood Rd; Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **D. Schuch**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
5-24-10
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition, or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267216

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/24/2010

Vehicle# 3192

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 1

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:16:43	Inbound	judy		Tare	71180 lb 26520 lb
Out	05/24/2010 07:50:02	Outbound	judy		Net	44660 lb
					Tons	22.33

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.33	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

MAY 21, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-222 P/VA**
e) Trailer or Container No.: **2192**
f) Name of Driver: **VAH HANSEN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver *Date of Receipt*
5-21-10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver *Date of Receipt*

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver *Date of Receipt*
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver *Date of Receipt*

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver *Date of Receipt*
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver *Date of Receipt*

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) *J. Sander*
f) The material delivered by the Transporter has been received at the Disposal Facility. *J. Sander* **5-24-10**
Signature of Driver *Date of Receipt*
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver *Date of Receipt*

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267217

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/24/2010

Vehicle# 432

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2228

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:18:57	Inbound	judy		Tare	73200 lb 30480 lb
Out	05/24/2010 07:53:41	Outbound	judy		Net	42720 lb
					Tons	21.36

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.36	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Turt





NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2228**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
_____ Tons _____ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 19, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0608**
d) Vehicle License No./State: **55-744 PY/VA**
e) Trailer or Container No.: **3432 / 86**
f) Name of Driver: **X NOBBY TARTER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Bobby Tarter **05/19/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Acord**
f) The material delivered by the Transporter has been received at the Disposal Facility: **X Acord** **5-24-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267218

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/24/2010

Payment Type / Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2209

Destination

PQ 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185 ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 455

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:21:10	Inbound	judy		Tare	80120 lb
Out	05/24/2010 08:30:39	Outbound	judy		Net	29320 lb
					Tons	50800 lb
						25.40

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.40	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

John E. Duff #455



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7688**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 84 - Area A**

h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons ☐ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 14, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0808**

d) Vehicle License No./State: **55-755 PY/VA**

e) Trailer or Container No.: **3455-44**

f) Name of Driver: **John E. Diggins**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **John E. Diggins** Date of Receipt **05/14/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Abelia Landfill
30221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267219

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/24/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2244

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3087

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:25:14	Inbound	judy		Tare	85320 lb
Out	05/24/2010 08:33:40	Outbound	judy		Net	28820 lb
					Tons	56500 lb
						28.25

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	28.25	Tons				VA
2 PSENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature #3081



Hme11a Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267222

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/24/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2248

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA, (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson Trucking, Inc.

Vehicle# 113

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:31:28	Inbound	judy		Tare	73020 lb 26100 lb
Out	05/24/2010 08:39:31	Outbound	judy		Net	46920 lb
					Tons	23.46

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.46	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2248**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

MAY 21, 2010

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-245 P/VA**
e) Trailer or Container No.: **2113**
f) Name of Driver: **K. J. Thompson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: **K. J. Thompson** Date of Receipt: **5-21-10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Aronchick**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Aronchick 5-24-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Henrico Landfill
20321 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267223

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/24/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2250

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 110

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:33:41	Inbound	judy		Tare	73440 lb
Out	05/24/2010 08:49:56	Outbound	judy		Net	31660 lb
					Tons	41780 lb
						20.89

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.89	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

110 B Summa



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2250**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐f) Common Name of Waste: **Lead Contaminated Soil**

m) Asbestos ONLY -

☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 84 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**

n) Type of Containers:

☐ T ☐ R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**23** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 21, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0608**d) Vehicle License No./State: **65-3945/VA**e) Trailer or Container No.: **3110/152**f) Name of Driver: **Bell Simmons**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver: **[Signature]** Date of Receipt: **5-21-10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**

f) The material delivered by the Transporter has been received at the Disposal Facility:

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267224

Customer Name Shaw E and I Shaw E & I
Ticket Date 05/24/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2247
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 197
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 07:36:45	Inbound	judy		Tare	80420 lb
Out	05/24/2010 08:54:18	Outbound	judy		Net	31440 lb
					Tons	48980 lb
						24.49

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.49	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 839-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H.R. Blankenship
Signature of Generator's Authorized Agent

MAY 21, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **15-395 P/VA**
e) Trailer or Container No.: **398754**
f) Name of Driver: **John R. Smith**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
John R. Smith **5-21-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: **Thompson Trucking**
b) Transfer Facility's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **15-395 P/VA**
e) Trailer or Container No.: **398754**
f) Name of Driver: **John R. Smith**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
John R. Smith **5-21-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **15-395 P/VA**
e) Trailer or Container No.: **398754**
f) Name of Driver: **John R. Smith**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
John R. Smith **5-21-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **John R. Smith**
f) The material delivered by the Transporter has been received at the Disposal Facility: **John R. Smith** **5-24-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: **Thompson Trucking** c) Telephone Number: **(434) 610-0508**
b) Operator's Address: **PO Box 969, Concord, VA**
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
30221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267234

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/24/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2254

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3578

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/24/2010 08:04:07	Inbound	judy		Tare	71860 lb 25880 lb
Out	05/24/2010 08:42:34	Outbound	judy		Net	45980 lb
					Tons	22.99

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1. Cont Soil Met-Tons	100	22.99	Tons				VA
2. P6ENV-Environmenta	100		%				VA
3. FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>73</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % Non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 21, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- | | |
|--|--|
| a) Transporter's Name: <u>Thompson Trucking</u> | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: <u>PO Box 969, Concord, VA</u> | b) Transfer Facility's Address: _____ |
| c) Telephone Number: <u>(434) 610-0808</u> | c) Telephone Number: () _____ |
| d) Vehicle License No./State: <u>16-230 P/VA</u> | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: <u>2578</u> | e) Trailer or Container No.: _____ |
| f) Name of Driver: <u>RES. A. D. FRANKI.</u> | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
<u>5-21-10</u> | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
_____ |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
_____ | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
_____ |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- | | |
|--|--|
| <p>a) Transporter's Name: _____</p> <p>b) Transporter's Address: _____</p> <p>c) Telephone Number: () _____</p> <p>d) Vehicle License No./State: _____</p> <p>e) Trailer or Container No.: _____</p> <p>f) Name of Driver: _____</p> <p>g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Signature of Driver _____</div> <div style="width: 45%;">Date of Receipt _____</div> </div> <p>h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Signature of Driver _____</div> <div style="width: 45%;">Date of Receipt _____</div> </div> | <p>a) Disposal Facility's Name: Amelia Landfill</p> <p>b) Physical Address: 20221 Maplewood Rd, Jetersville VA</p> <p>c) Telephone Number: 804-561-6111 23083</p> <p>d) Mailing Address: Same</p> <p>e) Name of Disposal Facility's Authorized Agent (print/type): J. Scurdy</p> <p>f) The material delivered by the Transporter has been received at the Disposal Facility. J. Scurdy 5-24-10</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Signature of Driver _____</div> <div style="width: 45%;">Date of Receipt _____</div> </div> <p>g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Signature of Driver _____</div> <div style="width: 45%;">Date of Receipt _____</div> </div> |
|--|--|

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267253

Customer Name Shaw E and I Shaw E & I
Ticket Date 05/24/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 1
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 147
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Time	Scale	Operator	Inbound	Gross	77660 lb*
In 05/24/2010 09:04:38	Inbound	judy		Tare	29540 lb
Out 05/24/2010 09:04:56	Outbound	judy		Net	48120 lb
		* Manual Weight		Tons	24.06

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.06	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



Trailer # 63

WM WASTE MANAGEMENT		NON-HAZARDOUS WASTE MANIFEST		Manifest No. _____
		If waste is asbestos waste, complete all Sections. If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.		
SECTION 1		GENERATOR INFORMATION (generator to complete)		
a) Generator's Name: <u>Alliant Techsystems, Inc.</u>		j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u>		
b) Generator's Address: <u>P.O. Box 1</u> <u>Radford, VA 24148</u>		k) Address: <u>Route 114</u> <u>Radford, VA 24141</u>		
c) Generator's Representative: <u>Jeremy Flint</u>		l) Telephone Number: (840) <u>839-7681</u>		
d) Telephone Number: (840) <u>839-7688</u>				
e) WASTE MANAGEMENT APPROVAL CODE		1 0 1 7 8 1 V A		
f) Common Name of Waste: <u>Lead Contaminated Soil</u>		m) Asbestos ONLY - ☐ Friable ☐ Non-Friable ☐ Both ☐ N/A		
g) Description of Waste: <u>BWMU 84 - Area A</u>		n) Type of Containers: T R		
h) Disposal Volume: <u>(1) Lead</u> <u>25</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u>		TYPE OF CONTAINERS TR - Truck DM - Metal Drum DP - Plastic Drum BA - Bag BB - 55 gal. Plastic Bag BC - 12 mil. Plastic Bag		
i) Number of Containers: <u>One</u>				
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.				
H. R. BLANKENSHIP Generator's Authorized Agent Name (print/type)		<i>H. R. Blankenship</i> Signature of Generator's Authorized Agent		MAY 19, 2010 Shipment Date
SECTION 2		TRANSPORTER 1		SECTION 3 TRANSFER FACILITY
a) Transporter's Name: <u>Thompson Trucking</u>		a) Transfer Facility's Name: _____		b) Transfer Facility's Address: _____
b) Transporter's Address: <u>PO Box 888, Concord, VA</u>		b) Transfer Facility's Address: _____		c) Telephone Number: () _____
c) Telephone Number: (434) <u>610-0808</u>		c) Telephone Number: () _____		d) Vehicle License No./State: _____
d) Vehicle License No./State: <u>65-5716 / VA</u>		d) Vehicle License No./State: _____		e) Trailer or Container No.: _____
e) Trailer or Container No.: <u>106 / 623</u>		e) Trailer or Container No.: _____		f) Name of Driver: _____
f) Name of Driver: <u>E. Allen</u>		f) Name of Driver: _____		g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:		g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:		Signature of Driver _____ Date of Receipt _____
Signature of Driver _____ Date of Receipt <u>5-19-10</u>		Signature of Driver _____ Date of Receipt _____		h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____		Signature of Driver _____ Date of Receipt _____		Signature of Driver _____ Date of Receipt _____
SECTION 4		TRANSPORTER 2 (complete if applicable)		SECTION 5 DESTINATION (disposal facility)
a) Transporter's Name: _____		a) Disposal Facility's Name: <u>Amelia Landfill</u>		b) Physical Address: <u>20821 Maplewood Rd, Jetersville VA</u>
b) Transporter's Address: _____		b) Physical Address: _____		c) Telephone Number: <u>804-581-0111</u> <u>25085</u>
c) Telephone Number: () _____		c) Telephone Number: _____		d) Mailing Address: <u>Same</u>
d) Vehicle License No./State: _____		d) Vehicle License No./State: _____		e) Name of Disposal Facility's Authorized Agent (print/type) <u>J. Sandy</u>
e) Trailer or Container No.: _____		e) Trailer or Container No.: _____		f) The material delivered by the Transporter has been received at the Disposal Facility: <u>J. Sandy 5-24-10</u>
f) Name of Driver: _____		f) Name of Driver: _____		Signature of Driver _____ Date of Receipt _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:		g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:		g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____		Signature of Driver _____ Date of Receipt _____		Signature of Driver _____ Date of Receipt _____
Signature of Driver _____ Date of Receipt _____		Signature of Driver _____ Date of Receipt _____		Signature of Driver _____ Date of Receipt _____
SECTION 6		ASBESTOS (operator to complete)		
"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.				
a) Operator's Name: _____		c) Telephone Number: () _____		
b) Operator's Address: _____				
d) Recommended special handling instructions and additional information: _____				
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.				
Operator's Name (print/type) _____		Signature of Operator's Authorized Agent _____		Date _____
f) Responsible Agency Name and Address: _____				
Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)				



Hwe11a Landfill
20221 Maplewood Rd
Jettersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267358

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/25/2010

Vehicle# 3081

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2262

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 07:02:02	Inbound	judy		Tare	69560 lb 26120 lb
Out	05/25/2010 07:18:24	Outbound	judy		Net	43440 lb
					Tons	21.72

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.72	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

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f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
1 Tons **1** Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**
m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers:

T	R
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TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 24, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **47-502 P/VA**
e) Trailer or Container No.: **3081**
f) Name of Driver: **Chris Doughty**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
Chris Doughty **05/24/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Doughty**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
Chris Doughty **5-25-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267359

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/25/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2264

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 07:04:05	Inbound	judy		Tare	71320 lb 27240 lb
Out	05/25/2010 07:20:29	Outbound	judy		Net	44080 lb
					Tons	22.04

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.04	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

K. M. Lloy 161



T 61

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
Tons Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers:

T	R
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TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
OP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

HR Blankenship
Signature of Generator's Authorized Agent

MAY 24, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-232P/VA**
- e) Trailer or Container No.: **3161**
- f) Name of Driver: **Kell McMillan**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Kell McMillan **05/24/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Kell McMillan **5-25-10**
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Soudry**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Soudry **5-25-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: Alliant Techsystems, Inc.
- b) Generator's Address: P.O. Box 1
Radford, VA 24143
- c) Generator's Representative: Jeremy Flint
- d) Telephone Number: (540) 839-7868
- e) WASTE MANAGEMENT APPROVAL CODE

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- f) Common Name of Waste: Lead Contaminated Soil
- g) Description of Waste: SWMU 54 - Area A
- h) Disposal Volume: (1) Load

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

_____ Tons _____ Cubic Yards **X** Other **1 Load**

- i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0808
d) Vehicle License No./State: 110-129 P/VA
e) Trailer or Container No.: 3195
f) Name of Driver: x FREDDIE WILSON
g) I hereby warrant that the above named and described material was received by the generator on the date of receipt referenced below:
x Freddie Wilson 05/24/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267361

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/25/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2258

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 153

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 07:06:58	Inbound	judy		Tare	63220 lb
Out	05/25/2010 07:29:11	Outbound	judy		Net	26240 lb
					Tons	36980 lb
						18.49

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.49	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Davis

Total Fees
Total Ticket

Driver's Signature





153

NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2258**

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 24, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-241P/VA**
- e) Trailer or Container No.: **3153**
- f) Name of Driver: **Donnie Dawson**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
Donnie Dawson **05/24/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-8111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **J. Scurby**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Scurby** **5-25-10**
Signature of Driver **Date of Receipt**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
39221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267362

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/25/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2259

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 105-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 460

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 07:08:19	Inbound	judy		Tare	71040 lb
Out	05/25/2010 09:57:28	Outbound	judy		Net	26280 lb
					Tons	44760 lb
						22.38

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.38	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 839-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p style="margin-left: 40px;"> <u> </u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u> </p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|---|

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)


Signature of Generator's Authorized Agent

Shipment Date MAY 24, 2010

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|---|
| <p>a) Transporter's Name: <u>Thompson Trucking</u></p> <p>b) Transporter's Address: <u>PO Box 969, Concord, VA</u></p> <p>c) Telephone Number: <u>(434) 610-0508</u></p> <p>d) Vehicle License No./State: <u>16-244P/VA</u></p> <p>e) Trailer or Container No.: <u>3460</u></p> <p>f) Name of Driver: <u>A. J. Taylor</u></p> <p>g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 <u>A. J. Taylor</u> <u>05/24/10</u>
 <small>Signature of Driver Date of Receipt</small></p> <p>h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 <small>Signature of Driver Date of Receipt</small></p> | <p>a) Transfer Facility's Name: _____</p> <p>b) Transfer Facility's Address: _____</p> <p>c) Telephone Number: () _____</p> <p>d) Vehicle License No./State: _____</p> <p>e) Trailer or Container No.: _____</p> <p>f) Name of Driver: _____</p> <p>g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 <small>Signature of Driver Date of Receipt</small></p> <p>h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 <small>Signature of Driver Date of Receipt</small></p> |
|---|---|

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- | | |
|--|---|
| a) Transporter's Name: _____ | a) Disposal Facility's Name: <u>Amelia Landfill</u> |
| b) Transporter's Address: _____ | b) Physical Address: <u>20221 Maplewood Rd, Jetersville VA</u> |
| c) Telephone Number: () _____ | c) Telephone Number: <u>804-561-6111</u> <u>23083</u> |
| d) Vehicle License No./State: _____ | d) Mailing Address: <u>Same</u> |
| e) Trailer or Container No.: _____ | e) Name of Disposal Facility's Authorized Agent (print/type) <u>K. Saunders</u> |
| f) Name of Driver: _____ | f) The material delivered by the Transporter has been received at the Disposal Facility. <u>K. Saunders</u> <u>5-25-10.</u> |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: | Signature of Driver, _____ Date of Receipt _____ |
| Signature of Driver _____ Date of Receipt _____ | g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267363

Customer Name Shaw E and I Shaw E. & I
Ticket Date 05/25/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2260
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 3192 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 07:09:37	Inbound	judy		Tare	71440 lb
Out	05/25/2010 07:33:53	Outbound	judy		Net	25980 lb
					Tons	45460 lb
						22.73

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.73	Tons				VA
2 PGENV-Environmenta	100	%					VA
3 FUEL-Fuel Surcharg	100	%					VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**Tons** **Cubic Yards** ☒ **Other** **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Signature of Generator's Authorized Agent

MAY 24, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **16-222P/VA**e) Trailer or Container No.: **3192**f) Name of Driver: **X Pat Hansen**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X Pat Hansen** Date of Receipt **05/24/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Soudy**f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Soudy** **5-25-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
22221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267364

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/25/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2257

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 165

Volume --

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 07:11:03	Inbound	judy		Tare	65520 lb 25460 lb
Out	05/25/2010 07:36:53	Outbound	judy		Net	40060 lb
					Tons	20.03

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.03	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2257**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1
Radford, VA 24143**

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area A**

h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114
Radford, VA 24141**

l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 24, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **16-242 P/VA**

e) Trailer or Container No.: **31165**

f) Name of Driver: **J. J. C. Wright**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
J. J. C. Wright **05/24/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scurby**

f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Scurby** **5-25-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

c) Telephone Number: () _____

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hmella Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267370

Customer Name Shaw E and I Shaw-E & I

Ticket Date 05/25/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2263

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 143

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 07:22:57	Inbound	judy		Tare	66760 lb 26320 lb
Out	05/25/2010 07:46:11	Outbound	judy		Net	40440 lb
					Tons	20.22

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.22	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Sh Barber

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
____ Tons ____ Cubic Yards **X** Other **1 Load**

i) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**
m) Asbestos ONLY -

☐ Friable;	☐ Both;	____ % Friable
☐ Non-Friable	☐ N/A	____ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

MAY 24, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-258P/VA**
e) Trailer or Container No.: **3143**
f) Name of Driver: **X. G. G. G. G.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X. G. G. G. G. **05/24/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
X. G. G. G. G. **05/24/2010**
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Landfill** **5-25-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267380

Customer Name Shaw E and I. Shaw E. & I
Ticket Date 05/25/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2261
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 3578
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 07:51:28	Inbound	judy		Tare	71220 lb
Out	05/25/2010 08:09:57	Outbound	judy		Net	25820 lb
					Tons	45400 lb
						22.70

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.70	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

3578

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

i) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 24, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **1B-230 P/VA**
e) Trailer or Container No.: **3578**
f) Name of Driver: **x. Melvin Franklin**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **x. Melvin Franklin** Date of Receipt **05/24/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **C. Souchy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **C. Souchy** **5-25-10**
Signature of Driver **C. Souchy** Date of Receipt **5-25-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
220221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267439

Customer Name Shaw E and I Shaw E & I
Ticket Date 05/25/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2266
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 130
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 11:27:47	Inbound	judy		Tare	68820 lb
Out	05/25/2010 11:58:43	Outbound	judy		Net	29760 lb
					Tons	39060 lb
						19.53

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.53	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Ray Lowe*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

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f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 25, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **56-813 PY/VA**
e) Trailer or Container No.: **3130192**
f) Name of Driver: **X R. ...**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Signature of Driver **05/25/2010** Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
c) Telephone Number: () _____

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267440

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/25/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2267

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 437

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 11:29:47	Inbound	judy		Tare	73660 lb
Out	05/25/2010 12:04:58	Outbound	judy		Net	30040 lb
					Tons	43620 lb
						21.81

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.81	Tons				VA
2 P6ENV-Environmenta	100	%					VA
3 FUEL-Fuel Surcharg	100	%					VA

Total Fees
Total Ticket

Driver's Signature

Bruce 437

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area A**
h) Disposal Volume: **(1) Load**
Tons Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Signature of Generator's Authorized Agent

MAY 25, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-537PY/VA**
e) Trailer or Container No.: **3437156**
f) Name of Driver: **RANCE HARTMAN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Rance Hartman** Date of Receipt **05/25/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. H. HANCOCK**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Hancock 5-25-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267452

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/25/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2268

Destination

PD 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 197

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 12:10:36	Inbound	judy		Tare	76400 lb 31220 lb
Out	05/25/2010 12:29:03	Outbound	judy		Net	45180 lb
					Tons	22.59

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.59	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

2268

GENERATOR INFORMATION (generator to complete)

- TYPE OF CONTAINERS**
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag


Signature of Generator's Authorized Agent

Shipment Date MAY 25, 2010

TRANSFER FACILITY - (complete if applicable)

- | | |
|--|--|
| <p>a) Transporter's Name: <u>Thompson Trucking</u></p> <p>b) Transporter's Address: <u>PO Box 969, Concord, VA</u></p> <p>c) Telephone Number: <u>(434) 610-0508</u></p> <p>d) Vehicle License No./State: <u>05-395 PY/VA</u></p> <p>e) Trailer or Container No.: <u>3197/54</u></p> <p>f) Name of Driver: <u>X Craig Richardson</u></p> <p>g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 <u>X Craig Richardson</u> <u>5/25/10</u>
 Signature of Driver Date of Receipt</p> <p>h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.</p> <p>_____
 Signature of Driver Date of Receipt</p> | <p>a) Transfer Facility's Name: _____</p> <p>b) Transfer Facility's Address: _____</p> <p>c) Telephone Number: () _____</p> <p>d) Vehicle License No./State: _____</p> <p>e) Trailer or Container No.: _____</p> <p>f) Name of Driver: _____</p> <p>g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:</p> <p>_____
 Signature of Driver Date of Receipt</p> <p>h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.</p> <p>_____
 Signature of Driver Date of Receipt</p> |
|--|--|

DESTINATION - (Disposal Facility)

- | | |
|--|---|
| a) Transporter's Name: _____ | a) Disposal Facility's Name: <u>Amelia Landfill</u> |
| b) Transporter's Address: _____ | b) Physical Address: <u>20221 Maplewood Rd, Jetersville VA</u> |
| c) Telephone Number: () _____ | c) Telephone Number: <u>804-661-6111</u> <u>23083</u> |
| d) Vehicle License No./State: _____ | d) Mailing Address: <u>Same</u> |
| e) Trailer or Container No.: _____ | e) Name of Disposal Facility's
Authorized Agent (print/type) <u>J. Sawyer</u> |
| f) Name of Driver: _____ | f) The material delivered by the Transporter has been received at the
Disposal Facility. <u>J. Sawyer 5-85-11</u> |
| g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____ | g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered
without incident or contamination on the date of delivery referenced
below.

Signature of Driver _____ Date of Receipt _____ | |

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hme11a Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267474

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/25/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2269

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 116

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/25/2010 13:30:22	Inbound	judy		Tare	76760 lb
Out	05/25/2010 13:50:20	Outbound	judy		Net	32820 lb
					Tons	43940 lb
						21.97

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.97	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchar	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Keith Bailey

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
____ Tons ____ Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	____ % Friable
☐ Non-Friable	☐ N/A	____ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/Type)

Signature of Generator's Authorized Agent

MAY 25, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **65-443 PY/VA**
- e) Trailer or Container No.: **3116125**
- f) Name of Driver: *** Keith Bailey**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
*** Keith Bailey 05/25/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/Type): **J. Alexander**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Alexander 5-25-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267516

Customer Name Shaw E and I Shaw E & I
Ticket Date 05/26/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2272
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 3081
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 07:04:19	Inbound	judy		Tare	68180 lb
Out	05/26/2010 07:25:53	Outbound	judy		Net	26060 lb
					Tons	42120 lb
						21.06

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.06	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

i) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

MAY 25, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **47-502 P / VA**
e) Trailer or Container No.: **3081**
f) Name of Driver: **Chris Dwyer**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Chris Dwyer **05/25/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *J. Dwyer*
f) The material delivered by the Transporter has been received at the Disposal Facility. *J. Dwyer* **5-26-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
28221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267519

Customer Name Shaw, E and I Shaw E & I

Ticket Date 05/26/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2275

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 153

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 07:08:51	Inbound	judy		Tare	63620 lb
Out	05/26/2010 07:32:01	Outbound	judy		Net	26260 lb
					Tons	37360 lb
						18.68

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.68	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Dawson

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 25, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-241 P/VA**
e) Trailer or Container No.: **3153**
f) Name of Driver: **Donnie Hudson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Donnie Hudson **05/25/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **J. L. Louch**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. L. Louch** **5-26-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landrill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267520

Customer Name Shaw E and I Shaw E & I Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/26/2010 Vehicle# 3192 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001492
State Waste Code Gen EPA ID
Manifest 2276 Grid
Destination
PD - 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 07:10:50	Inbound	judy		Tare	68840 lb
Out	05/26/2010 07:38:30	Outbound	judy		Net	25960 lb
					Tons	42880 lb
						21.44

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.44	Tons				VA
2 PSENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P. H.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****TYPE OF CONTAINERS**
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**Tons** **Cubic Yards** **X Other 1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 25, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **16-222 F/VA**e) Trailer or Container No.: **3192**f) Name of Driver: **PAT HANSEN**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **PAT HANSEN** Date of Receipt **05/25/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **J. J. Jetersville**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **J. J. Jetersville** Date of Receipt **5-26-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267522

Customer Name Shaw E and I Shaw E & I
Ticket Date 05/26/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2277
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 455
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 07:13:55	Inbound	judy		Tare	83520 lb
Out	05/26/2010 07:47:14	Outbound	judy		Net	29220 lb
					Tons	54300 lb
						27.15

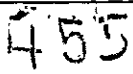
Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.15	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

John P. Dwyer #455



Manifest No. **2277**

SECTION 1

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 839-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Signature of Generator's Authority

MAY 25, 2010

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: _____

h) I, hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-661-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) E. A. Connerly
- f) The material delivered by the Transporter has been receivedⁿ at the
Disposal Facility. Don't Amelia 20221

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt _____

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hmeila Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267523

Customer Name Shaw E and I Shaw E & I
Ticket Date 05/26/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2273
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 161
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	70520 lb
In	05/26/2010 07:15:29	Inbound	judy		Tare	27160 lb
Out	05/26/2010 07:50:36	Outbound	judy		Net	43360 lb
					Tons	21.68

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.68	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

[Signature] 161



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

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f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
1 Tons **1** Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**
m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 25, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-232 PIVA**
e) Trailer or Container No.: **31161**
f) Name of Driver: **Ken McHugh**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
K. McHugh **05/25/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
K. McHugh **5-26-10**
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Amelia**
f) The material delivered by the Transporter has been received at the Disposal Facility:
Amelia **5-26-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267524

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/26/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2249

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 07:18:51	Inbound	judy		Tare	86280 lb 28420 lb
Out	05/26/2010 07:52:45	Outbound	judy		Net	57860 lb
					Tons	28.93

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	28.93	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2249**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons ☐ Cubic Yards **X** Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 21, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **65-638 F / VA**e) Trailer or Container No.: **3427 / 20**f) Name of Driver: **Eric Falls**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **5-21-10** Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Scandly**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **5-26-10** Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landrrill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267525

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/26/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2274

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 195

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 07:20:14	Inbound	judy		Tare	59260 lb
Out	05/26/2010 07:55:12	Outbound	judy		Net	25200 lb
					Tons	34060 lb
						17.03

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	17.03	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Freddie [Signature]

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections. 12
 If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

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- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
- _____ Tons _____ Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (840) 639-7631
- 1 0 1 7 5 1 V A
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable; ☐ N/A _____ % non-Friable
- n) Type of Containers:

T	R
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TYPE OF CONTAINERS

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 25, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-129 P/VA**
e) Trailer or Container No.: **3K95**
f) Name of Driver: **Freddie Wilson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Freddie Wilson **05/25/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. Sanchez
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Sanchez 5-26-10
- J. Sanchez Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20821 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267527

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/26/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 22271

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 165

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 07:28:31	Inbound	judy		Tare	65120 lb
Out	05/26/2010 07:58:10	Outbound	judy		Net	25420 lb
					Tons	39700 lb
						19.85

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.85	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
Tons Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 25, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-242P/VA**
e) Trailer or Container No.: **31105**
f) Name of Driver: **James L. Smith**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **James L. Smith** Date of Receipt **05/25/10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-8111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scurley**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Scurley 5-26-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Smella Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267535

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/26/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2278

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3578

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 07:54:42	Inbound	judy		Tare	66560 lb 25800 lb
Out	05/26/2010 08:14:57	Outbound	judy		Net	40760 lb
					Tons	20.38

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.38	Tons				VA
2 PSENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



3578

NON-HAZARDOUS WASTE MANIFEST

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

Manifest No. 2278

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j). Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

Tons Cubic Yards **X** Other **1 Load**

n) Type of Containers:

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 25, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-230 P IVA**
e) Trailer or Container No.: **3578**
f) Name of Driver: **x Reginald Franklin**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x 11/24/2010
Signature of Driver **05/25/2010**
Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267594

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/26/2010

Vehicle# 432

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2279

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 11:06:37	Inbound	judy		Tare	76700.1b 29740.1b
Out	05/26/2010 11:35:25	Outbound	judy		Net	46960.1b
					Tons	23.48

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.48	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tate



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
____ Tons ____ Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	____ % Friable
☐ Non-Friable	☐ N/A	____ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 25, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **55-744PY/VA**
- e) Trailer or Container No.: **34321810**
- f) Name of Driver: **X KERRY TARTER**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Kerry Tarter **05/25/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Saunders**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **(J. Saunders)**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267595

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/26/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2280

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3087

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 11:08:43	Inbound	judy		Tare	76720 lb
Out	05/26/2010 11:37:54	Outbound	judy		Net	28560 lb
					Tons	48160 lb
						24.08

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.08	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

#3087 *Richard B. Patel*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 26, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **64-954 PY / VA**
e) Trailer or Container No.: **3087113**
f) Name of Driver: **LICHARD BAPTISTE**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
LICHARD BAPTISTE **05/26/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **G. Brander**
f) The material delivered by the Transporter has been received at the Disposal Facility.
G. Brander **5-26-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Waste Management
2021 Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267623

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/26/2010

Vehicle# 113

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2281

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 13:08:11	Inbound	judy		Tare	70600 lb
Out	05/26/2010 13:21:52	Outbound	judy		Net	25900 lb
					Tons	44700 lb
						22.35

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.35	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable, ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

____ Tons _____ Cubic Yards ☒ Other **1 Load**

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 26, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-245P/VA**
e) Trailer or Container No.: **3113**
f) Name of Driver: **X Simon Kaly...**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X Simon Kaly...** Date of Receipt **05/26/10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **C. A. ...**
f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **C. A. ...** Date of Receipt **5-26-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



WASTE MANAGEMENT

Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267632

Customer Name Shaw E and I Shaw E & I	Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/26/2010	Vehicle# 130 Volume
Payment Type Credit Account	Container
Manual Ticket#	Driver
Hauling Ticket#	Check#
Route	Billing # 0001492
State Waste Code	Gen EPA ID
Manifest 2282	Grid
Destination	
PO 1) 517725 2) 517725 3) 517725	
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))	
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)	

	Time	Scale	Operator	Inbound	Gross	
In	05/26/2010 13:26:03	Inbound	judy		Tare	78800 lb
Out	05/26/2010 13:48:04	Outbound	judy		Net	29520 lb
					Tons	49280 lb
						24.64

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont-Soil Met-Tons	100	24.64	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Ray Lowe*





If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

2282

GENERATOR INFORMATION (generator to complete)

- TYPE OF CONTAINERS**
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Shipment Date

TRANSFER FACILITY - (complete if applicable)

- Signature of Driver _____ Date of Receipt _____

DESTINATION - (Disposal Facility)

- Signature of Driver _____ Date of Receipt _____

ASBESTOS (operator to complete)

Date _____

- Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landrill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267676

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/27/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2286

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 153

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/27/2010 07:11:55	Inbound	judy		Tare	79400 lb
Out	05/27/2010 07:29:16	Outbound	judy		Net	26200 lb
					Tons	53200 lb
						25.60

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.60	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Dawson

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7868**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7831**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANEKSNHIP
Generator's Authorized Agent Name (print/type)

H. R. BlaneKsnhip
Signature of Generator's Authorized Agent

MAY 26, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-241P/VA**
e) Trailer or Container No.: **3153**
f) Name of Driver: **Donnie Dawson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Donnie Dawson **5-26-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *J. Doudy*
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Doudy **5-27-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267677

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/27/2010

Vehicle# 460

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2287

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/27/2010 07:13:18	Inbound	judy		Tare	72660 lb
Out	05/27/2010 07:35:01	Outbound	judy		Net	26200 lb
					Tons	46460 lb
						23.23

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.23	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 26, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-244P / VA**
e) Trailer or Container No.: **3460**
f) Name of Driver: **T. N. Wheeler**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
5-26-10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Abelia Landfill
22221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267678

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/27/2010

Vehicle# 199

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2290

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/27/2010 07:14:43	Inbound	judy		Tare	73720 lb 25240 lb
Out	05/27/2010 07:41:15	Outbound	judy		Net	48480 lb
					Tons	24.24

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.24	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 26, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **16-188 P/VA**
e) Trailer or Container No.: **2199**
f) Name of Driver: **X M9++hew, Cyrcs**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Signature of Driver Date of Receipt **05/26/10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **L. J. Jeter**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Jeter 5-27-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Original
Ticket# 267679
Hageria Landfill
30221 Maplewood Rd
Jettersville, VA, 23083
Ph: (804) 561-5787

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/27/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2285

Destination

PQ 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 187

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/27/2010 07:17:25	Inbound	judy		Tare	78220 lb
Out	05/27/2010 07:44:19	Outbound	judy		Net	26140 lb
					Tons	52080 lb
						26.04

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.04	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Walter Shaw



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐f) Common Name of Waste: **Lead Contaminated Soil**

m) Asbestos ONLY -

☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**

n) Type of Containers:

☒ T ☒ R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

22 Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 26, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **No-239 P/VA**e) Trailer or Container No.: **21871**f) Name of Driver: **K. White, Driver 3**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **K. White** Date of Receipt **5-26-10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**

e) Name of Disposal Facility's

Authorized Agent (print/type) **C. Drouillard**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **C. Drouillard** Date of Receipt **5-27-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type) _____

Signature of Operator's Authorized Agent _____

Date _____

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267681

Customer Name Shaw E and I Shaw E & I

Carrier THOMPSON Thompson trucking, Inc.

Ticket Date 05/27/2010

Vehicle# 3192

Volume

Payment Type Credit Account

Container

Manual Ticket#

Driver

Hauling Ticket#

Check#

Route

Billing # 0001492

State Waste Code

Gen EPA ID

Manifest 2288

Grid

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/27/2010 07:21:52	Inbound	judy		Tare	75860 lb
Out	05/27/2010 07:49:34	Outbound	judy		Net	25900 lb
					Tons	49960 lb
						24.98

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.98	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

☐ Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP**MAY 26, 2010**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **10-222 P/VA**e) Trailer or Container No.: **3192**f) Name of Driver: **X P A HANSON**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X P A Hanson** Date of Receipt **05/26/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **J. Acord**f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Acord 5-27-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Ed Rd
e, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267682

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/27/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2289

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 161

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/27/2010 07:24:29	Inbound	judy		Tare	83000 lb 27140 lb
Out	05/27/2010 07:47:20	Outbound	judy		Net	55860 lb
					Tons	27.93

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.93	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

K. McCall 161

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 26, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **110-232P VA**
- e) Trailer or Container No.: **3161**
- f) Name of Driver: **X Ken McCallister**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ken McCallister **05/26/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
X Ken McCallister **5-27-10**
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267686

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/27/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2284

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 165

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/27/2010 07:31:27	Inbound	judy		Tare	76420 lb
Out	05/27/2010 07:52:58	Outbound	judy		Net	25360 lb
					Tons	51060 lb
						25.53

Comments

Product	LDX	Qty	UOM	Rate	* Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.53	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 839-7668**
e) WASTE MANAGEMENT APPROVAL CODE

i) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 839-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

____ Tons ____ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 26, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **31165 16-242P/VA**
e) Trailer or Container No.: **31165**
f) Name of Driver: *** W. C. WRIGHT**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
*** W. C. WRIGHT 05/26/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landri
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267696

Customer Name Shaw E and I Shaw E & I

Ticket Date 05/27/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2283

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3578

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	05/27/2010 08:02:38	Inbound	judy		Tare	76560 lb
Out	05/27/2010 08:15:57	Outbound	judy		Net	25760 lb
					Tons	50800 lb
						25.40

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont. Soil Met-Tons	100	25.40	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
Tons Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/Type)

H. R. Blankenship
Signature of Generator's Authorized Agent**MAY 26 2010**
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **110-230P VA**
- e) Trailer or Container No.: **3578**
- f) Name of Driver: **Kyle Keith Franklin**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] **05/26/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/Type) *[Signature]*
- f) The material delivered by the Transporter has been received at the Disposal Facility: *[Signature]* **5-27-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 272552

Customer Name Shaw E and I Shaw E & I

Ticket Date 07/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2291

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 432

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	07/07/2010 10:51:25	Inbound	judy		Tare	82380 lb
Out	07/07/2010 11:22:24	Outbound	judy		Net	31340 lb*
			* Manual Weight		Tons	51040 lb
						25.52

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.52	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Bobby Jater
Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area A**
- h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date.

July 7, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **55-7445**
- e) Trailer or Container No.: **2432 156**
- f) Name of Driver: **X ROBERT TAPTEO**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
7-7-10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Omelia Landfill
20113 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 272553

Customer Name Shaw E and I Shaw E & I

Ticket Date 07/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2292

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 135

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	07/07/2010 10:53:30	Inbound	judy		Tare	81960 lb
Out	07/07/2010 11:23:38	Outbound	judy		Net	29860 lb
					Tons	52100 lb
						26.05

Comments

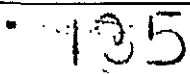
Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.05	Tons				VA
2 FUEL-Fuel Surchang	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Honan 3135





Manifest No. **2292**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|--|-------|---------------------|--|--|--|--|--|---|--|----------|--|-------|-----------------|--|-------------|--|-----|---------------------|---|---|
| <p>a) Generator's Name: Alliant Techsystems, Inc.</p> <hr/> <p>b) Generator's Address: P.O. Box 1
Radford, VA 24143</p> <hr/> <p>c) Generator's Representative: Jeremy Flint</p> <hr/> <p>d) Telephone Number: (540) 639-7668</p> <hr/> <p>e) WASTE MANAGEMENT APPROVAL CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> </p> <hr/> <p>f) Common Name of Waste: Lead Contaminated Soil</p> <hr/> <p>g) Description of Waste: SWMU 84 - Area A</p> <hr/> <p>h) Disposal Volume: (1) Load
 23 Tons Cubic Yards X Other 1 Load</p> <hr/> <p>i) Number of Containers: One</p> <hr/> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | | | | | | <p>k) Generating Location (Name): Alliant Techsystems, Inc.</p> <hr/> <p>l) Address: Route 114
Radford, VA 24141</p> <hr/> <p>m) Telephone Number: (540) 639-7631</p> <hr/> <p>n) Asbestos ONLY - <table border="1" style="margin-left: 20px;"><tr><td> </td><td>Friable;</td><td> </td><td>Both;</td><td>_____ % Friable</td></tr> <tr><td> </td><td>Non-Friable</td><td> </td><td>N/A</td><td>_____ % non-Friable</td></tr> </table> </p> <hr/> <p>o) Type of Containers:</p> <table border="1" style="display: inline-table; vertical-align: middle; margin-right: 20px;"> <tr> <td>T</td> <td>R</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p align="center">TYPE OF CONTAINERS</p> <p>TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag</p> </div> | | Friable; | | Both; | _____ % Friable | | Non-Friable | | N/A | _____ % non-Friable | T | R |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | Friable; | | Both; | _____ % Friable | | | | | | | | | | | | | | | | | | |
| | Non-Friable | | N/A | _____ % non-Friable | | | | | | | | | | | | | | | | | | |
| T | R | | | | | | | | | | | | | | | | | | | | | |


Signature of Generator's Authorized

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date July 7, 2010 BC-12

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|---|
| a) Transporter's Name: <u>Thompson Trucking</u> | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: <u>PO Box 969, Concord, VA</u> | b) Transfer Facility's Address: _____ |
| c) Telephone Number: <u>(434) 610-0508</u> | c) Telephone Number: () _____ |
| d) Vehicle License No./State: <u>13-193E</u> | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: <u>3135-154</u> | e) Trailer or Container No.: _____ |
| f) Name of Driver: <u>NOAH R. RICHMOND</u> | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
<u>NOAH R. RICHMOND</u> <u>7-7-10</u> | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt |

DESTINATION - (Disposal Facility)

- | | | | |
|---|-----------------|--|--|
| a) Transporter's Name: | | a) Disposal Facility's Name: | Amelia Landfill |
| b) Transporter's Address: | | b) Physical Address: | 20221 Maplewood Rd, Jetersville VA |
| c) Telephone Number: () | | c) Telephone Number: | 804-861-6111 23083 |
| d) Vehicle License No./State: | | d) Mailing Address: | Same |
| e) Trailer or Container No.: | | e) Name of Disposal Facility's
Authorized Agent (print/type): | J. D. Smith |
| f) Name of Driver: | | f) The material delivered by the Transporter has been received at the
Disposal Facility. | J. D. Smith 7-7-10 |
| g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below: | | | |
| Signature of Driver | Date of Receipt | Signature of Driver* | Date of Receipt |
| h) I hereby warrant that the above described material was delivered
without incident or contamination on the date of delivery referenced
below. | | g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility. | |
| Signature of Driver | Date of Receipt | Signature of Driver | Date of Receipt |

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20231 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 272588

Customer Name Shaw E and I Shaw E & I

Ticket Date 07/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2293

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 455

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	80460 lb
In	07/07/2010 12:45:46	Inbound	judy		Tare	29080 lb
Out	07/07/2010 13:17:42	Outbound	judy		Net	51380 lb
					Tons	25.69

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.69	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



455

NON-HAZARDOUS WASTE MANIFEST

Manifest No. **2293**

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--------------------------------|-----------------|--------------------------------------|------------------------------|---------------------|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="margin-left: 100px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p><u>23</u> Tons _____ Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <table border="1" style="margin-left: 100px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>n) Asbestos ONLY -</p> <table border="0" style="margin-left: 100px;"> <tr> <td>☐ Friable;</td> <td>☐ Both;</td> <td>_____ % Friable</td> </tr> <tr> <td>☐ Non-Friable</td> <td>☐ N/A</td> <td>_____ % non-Friable</td> </tr> </table> <p>o) Type of Containers:</p> <table border="1" style="margin-left: 100px;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">T</td> <td style="width: 20px; height: 20px; text-align: center;">R</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> | | | | | | | | | | | ☐ Friable; | ☐ Both; | _____ % Friable | ☐ Non-Friable | ☐ N/A | _____ % non-Friable | T | R |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Friable; | ☐ Both; | _____ % Friable | | | | | | | | | | | | | | | | | | | | | |
| ☐ Non-Friable | ☐ N/A | _____ % non-Friable | | | | | | | | | | | | | | | | | | | | | |
| T | R | | | | | | | | | | | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **55-755 E/VA**
e) Trailer or Container No.: **3455/44**
f) Name of Driver: **John S. D.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X - 1220A **7-7-10**
Signature of Driver **JD** Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA 22883
Ph: (804) 561-5787

Original
Ticket# 272589

Customer Name Shaw E and I Shaw E & I

Ticket Date 07/07/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2294

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 427

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	07/07/2010 12:47:21	Inbound	judy		Tare	79480 lb 28280 lb
Out	07/07/2010 13:15:21	Outbound	judy		Net	51200 lb
					Tons	25.60

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.60	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area A**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

July 7, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **1-5-6-38 E/VA**
e) Trailer or Container No.: **2427720**
f) Name of Driver: **Eric Ellis**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **7-7-10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. J. J. J.**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **7-17-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20281 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 272703

Customer Name Shaw E and I Shaw E & I

Ticket Date 07/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2299

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 126

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	07/08/2010 07:59:16	Inbound	judy		Tare	83340 lb
Out	07/08/2010 08:37:28	Outbound	judy		Net	30780 lb
					Tons	52560 lb
						26.28

Comments

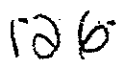
Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.28	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Raul ZLC





Manifest No. 2299

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>23</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **72-1846 / VA**
e) Trailer or Container NO.: **3126-158**
f) Name of Driver: **K. K. R. L. E. J.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
K. K. R. L. E. J. 7-7-16
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| Signature of Driver | Date of Receipt |
|---------------------|-----------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 272704

Customer Name Shaw E and I Shaw E & I

Ticket Date 07/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2298

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 110

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	85220 lb
In	07/08/2010 08:01:06	Inbound	judy		Tare	31420 lb
Out	07/08/2010 08:40:36	Outbound	judy		Net	53800 lb
					Tons	26.90

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.90	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

110 Simmons
Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐f) Common Name of Waste: **Lead Contaminated Soil**

m) Asbestos ONLY -

☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**

n) Type of Containers:

☒ T ☒ R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

July 7, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **14-8607 VA**e) Trailer or Container No.: **3422 152**f) Name of Driver: **BLANKENSHIP**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20231 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-661-6111** **23083**d) Mailing Address: **Same**

e) Name of Disposal Facility's

Authorized Agent (print/type): **Amelia Landfill**f) The material delivered by the Transporter has been received at the Disposal Facility. **Amelia Landfill 7-8-10**

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 272706

Customer Name Shaw E and I Shaw E & I

Ticket Date 07/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2296

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 197

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	07/08/2010 08:03:07	Inbound	judy		Tare	79880 lb
Out	07/08/2010 08:43:33	Outbound	judy		Net	32100 lb
					Tons	47780 lb
						23.89

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.89	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

R. McCloy 197

197

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 2296

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1
Radford, VA 24143**

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 84 - Area A**

h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114
Radford, VA 24141**

l) Telephone Number: **(540) 639-7631**

23 Tons ☐ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

July 7, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **65-395F/VA**

e) Trailer or Container No.: **5197/23**

f) Name of Driver: **Ken McMillan**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Ken McMillan **7-7-10**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **J. Louch**

f) The material delivered by the Transporter has been received at the Disposal Facility.

J. Louch **7-9-10**
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewold Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 272707

Customer Name Shaw E and I Shaw E & I

Ticket Date 07/08/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 2297

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 3087

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	07/08/2010 08:05:03	Inbound	judy		Tare	79580 lb 28660 lb
Out	07/08/2010 08:55:15	Outbound	judy		Net	50920 lb
					Tons	25.46

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.46	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

(Signature)
#3087

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area A</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>23</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 64-9548 / VA
e) Trailer or Container No.: 3087113
f) Name of Driver: CLIFFORD MANTZEL
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
CLIFFORD MANTZEL 7-7-10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 272714

Customer Name Shaw E and I Shaw E & I
Ticket Date 07/08/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 2295
Destination

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 437 Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	84360 lb
In	07/08/2010 08:18:05	Inbound	judy		Tare	28900 lb
Out	07/08/2010 08:50:52	Outbound	judy		Net	55460 lb
					Tons	27.73

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.73	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Jence 437



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

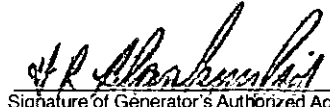
GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****23** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP**July 7, 2010**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **65-5375/VA**e) Trailer or Container No.: **3437/63**f) Name of Driver: **R. Bruce Hartman**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Date of Receipt**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Date of Receipt**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Date of Receipt**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20231 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-661-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Acorn**f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Acorn 7-9-10****Signature of Driver** **Date of Receipt**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277258

Customer Name Shaw E and I Shaw E & I

Ticket Date 08/10/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 1241

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 455 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	08/10/2010 11:02:01	Inbound	judy		Tare	73920 lb
Out	08/10/2010 11:33:30	Outbound	judy		Net	29120 lb
					Tons	44800 lb
						22.40

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.40	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

John E. Duggan #455



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 839-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B A**
- h) Disposal Volume: **(1) Load**
Tons Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

--	--	--	--	--	--

 Friable;

--	--	--	--	--	--

 Both;

--	--	--	--	--	--

 % Friable
Non-Friable

--	--	--	--	--	--

 N/A % non-Friable
- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

08/10/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **55-755 PY / VA**
- e) Trailer or Container No.: **3455 / 44**
- f) Name of Driver: **SOA E Digg**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **SOA E Digg** Date of Receipt **08/10/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **Scott**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Scott** Date of Receipt **08-10-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2021 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277272

Customer Name Shaw E and I Shaw E & I

Ticket Date 08/10/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 1243

Destination

PO 1) 517725-2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 105-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 110 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	76940 lb
In	08/10/2010 11:35:47	Inbound	judy		Tare	31480 lb
Out	08/10/2010 12:02:07	Outbound	judy		Net	45460 lb
					Tons	22.73

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.73	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

110 Summer



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 839-7688**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B A**
- h) Disposal Volume: **(1) Load** **SK**
____ Tons ____ Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 839-7631**

- m) Asbestos ONLY -

☐ Friable;	☐ Both;	____ % Friable
☐ Non-Friable	☐ N/A	____ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

08/10/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 989, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **105-394 PY/VA**
- e) Trailer or Container No.: **3110/52**
- f) Name of Driver: **William Simmons**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
William Simmons **08/10/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Drouillard**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Drouillard **8-10-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Agelia Landfill
2221-1 Applewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277277

Customer Name Shaw E and I Shaw E & I

Ticket Date 08/10/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 1242

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 145 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	78140 lb
In	08/10/2010 12:13:02	Inbound	judy		Tare	31320 lb
Out	08/10/2010 12:37:27	Outbound	judy		Net	46820 lb
					Tons	23.41

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.41	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B A**
h) Disposal Volume: **(1) Load**
1 Tons **1** Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

--	--	--	--	--	--

 Friable;

--	--	--	--	--	--

 Both;

--	--	--	--	--	--

 % Friable
Non-Friable

--	--	--	--	--	--

 N/A

--	--	--	--	--	--

 % non-Friable
n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

08/10/10

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 810-0508**
d) Vehicle License No./State: **05-570 PY/VA**
e) Trailer or Container No.: **3145 153**
f) Name of Driver: **Keith Bailey**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
K.A. Bailey **08/10/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
10221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277280

Customer Name	Shaw E and I Shaw E & I	Carrier	THOMPSON Thompson trucking, Inc.
Ticket Date	08/10/2010	Vehicle#	422
Payment Type	Credit Account	Volume	
Manual Ticket#		Container	
Hauling Ticket#		Driver	
Route		Check#	
State Waste Code		Billing #	0001492
Manifest	1244	Gen EPA ID	
Destination		Grid	
PO	1) 517725 2) 517725 3) 517725		
Profile	101751VA (Non Hazardous Soils from Area A (SWMU-54))		
Generator	185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)		

	Time	Scale	Operator	Inbound	Gross	
In	08/10/2010 12:19:16	Inbound	judy		Tare	78340 lb
Out	08/10/2010 12:33:03	Outbound	judy		Net	31980 lb
					Tons	46360 lb
						23.18

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.18	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(840) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B' A**
- h) Disposal Volume: **(1) Load** **SK**
23 Tons **0** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

Aug. 8, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **14-860 XA / VA**
- e) Trailer or Container No.: **3422 / 45**
- f) Name of Driver: **Darryl S. Smith**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Darryl S. Smith **08/10/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **C. D. Smith**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
C. D. Smith **8-10-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20224 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277329

Customer Name Shaw E and I Shaw E & I

Ticket Date 08/11/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code 1

Manifest 1245

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 187 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	08/11/2010 07:11:35	Inbound	judy		Tare	70040 lb
Out	08/11/2010 07:21:43	Outbound	judy		Net	26140 lb
					Tons	43900 lb
						21.95

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.95	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

1245

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (840) 839-7631
- m) Asbestos ONLY -
- | | | | | |
|---|---|---|---|---|
| | | 1 | 0 | 1 |
| 7 | 7 | 0 | V | A |
- n) Type of Containers:
- | | |
|---|---|
| F | F |
|---|---|
- TYPE OF CONTAINERS

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-861-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's:
Authorized Agent (print type) C. Landley
- f) The material delivered by the Transporter has been received at the
Disposal Facility. C. Landley 8-11-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

ASBESTOS (operator to complete)

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2021 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277328

Customer Name Shaw E and I Shaw E & I

Ticket Date 08/11/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 1246

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 141 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	71760 lb
In	08/11/2010 07:10:06	Inbound	judy		Tare	26180 lb
Out	08/11/2010 07:25:14	Outbound	judy		Net	45580 lb
					Tons	22.79

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.79	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	7	2	0
							V	A	
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B A**
- h) Disposal Volume: **(1) Load** ☒ Tons ☐ Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable, ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG 8, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-238P/VA**
- e) Trailer or Container No.: **3141**
- f) Name of Driver: **James Guthrie Jr.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver *[Signature]* Date of Receipt **8/10/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Dandy**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver *[Signature]* Date of Receipt **8-11-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277330

Customer Name Shaw E and I Shaw E & I

Ticket Date 08/11/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 1248

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 223 Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	08/11/2010 07:12:49	Inbound	judy		Tare	64880 lb
Out	08/11/2010 07:31:07	Outbound	judy		Net	25980 lb
					Tons	38900 lb
						19.45

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.45	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 64 - Area B/A**
h) Disposal Volume: **(1) Load**
X Tons **X** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**
m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 8, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **10-219 P/VA**
e) Trailer or Container No.: **3303**
f) Name of Driver: **X Roger W. White**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
8/10/10
Signature of Driver **[Signature]** Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
f) The material delivered by the Transporter has been received at the Disposal Facility: **[Signature]** **8-11-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfills
2021 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277332

Customer Name Shaw E and I Shaw E & I
Ticket Date 08/11/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 1250
Destination
PD 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 160
Volume
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	08/11/2010 07:15:49	Inbound	judy		Tare	71820 lb
Out	08/11/2010 07:36:44	Outbound	judy		Net	25940 lb
					Tons	45880 lb
						22.94

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.94	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

C. Cook



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 64 - Area B/A**
- h) Disposal Volume: **(1) Load** **2K**
Tons Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable, ☐ Both, ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

Aug. 10, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-236P/VA**
- e) Trailer or Container No.: **3160**
- f) Name of Driver: **Chris Cook**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Chris Cook** Date of Receipt **8/10/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landfill**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Landfill** **8-11-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277335

Customer Name Shaw E and I Shaw E & I Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/11/2010 Vehicle# 166 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001492
State Waste Code Gen EPA ID
Manifest 1247 Grid
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/11/2010 07:20:47	Inbound	judy		Tare	70740 lb 25900 lb
Out	08/11/2010 07:38:28	Outbound	judy		Net	44840 lb
					Tons	22.42

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.42	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

A. Chilton



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--

		1	0	1	
		7	7	0	V A

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 84 - Area B A**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

☐ Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 8, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **110-234P/VA**e) Trailer or Container No.: **3166**f) Name of Driver: **x Anthony Chilton**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver: **x Anthony Chilton** Date of Receipt: **8/10/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landfill**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221- Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277333

Customer Name Shaw E and I Shaw E & I	Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/11/2010	Vehicle# 3089 Volume
Payment Type Credit Account	Container
Manual Ticket#	Driver
Hauling Ticket#	Check#
Route	Billing # 0001492
State Waste Code	Gen EPA ID
Manifest 1249	Grid
Destination	
PO 1) 517725 2) 517725 3) 517725	
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))	
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)	

	Time	Scale	Operator	Inbound	Gross	
In	08/11/2010 07:17:16	Inbound	judy		Tare	67780 lb
Out	08/11/2010 07:42:49	Outbound	judy		Net	25780 lb
					Tons	42000 lb
						21.00

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.00	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M. L.



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(840) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE:

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area B/A**
- h) Disposal Volume: **(1) Load** **SK**
____ Tons ____ Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; ____ % Friable
☐ Non-Friable ☐ N/A ____ % non-Friable

- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 8, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-221P/VA**
- e) Trailer or Container No.: **3089**
- f) Name of Driver: **MARK LITCHFORD, SR.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Mark Litchford, SR. 8/10/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **80221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landfill**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver _____ Date of Receipt **8-11-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Manifest No. 1209

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- 751 V A

n) Type of Containers:

T	R
----------	----------

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

AUG. 23, 2010
Shipment Date

TRANSFER FACILITY - (complete if applicable)

- Signature of Driver _____ Date of Receipt _____

DESTINATION - (Disposal Facility)

- Signature of Driver _____ Date of Receipt _____

ASBESTOS (operator to complete)

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfall
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 278417

Customer Name	Shaw E and I Shaw E & I	Carrier	THOMPSON Thompson trucking, Inc.
Ticket Date	08/23/2010	Vehicle#	437
Payment Type	Credit Account	Container	
Manual Ticket#		Driver	
Hauling Ticket#		Check#	
Route		Billing #	0001492
State Waste Code		Gen EPA ID	
Manifest	1210	Grid	
Destination			
PO	1) 517725 2) 517725 3) 517725		
Profile	101751VA (Non Hazardous Soils from Area A (SWMU-54))		
Generator	185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)		

	Time	Scale	Operator	Inbound	Gross	
In	08/23/2010 12:01:14	Inbound	judy		Tare	74540 lb
Out	08/23/2010 12:22:07	Outbound	judy		Net	28780 lb
					Tons	45760 lb
						22.88

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.88	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7688**
- e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B A**
- h) Disposal Volume: **(1) Load** ~~Sk~~
Tons Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 23, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **65-537PY/VA**
- e) Trailer or Container No.: **3437163**
- f) Name of Driver: **BRUCE HARTMAN**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver *[Signature]* Date of Receipt **8/23/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Brandy**
- f) The material delivered by the Transporter has been received at the Disposal Facility:
Signature of Driver *[Signature]* Date of Receipt **8-23-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 278418

Customer Name Shaw E and I Shaw E & I

Ticket Date 08/23/2010

Payment Type Credit Account

Manual Ticket#

Hauling Ticket#

Route

State Waste Code

Manifest 1211

Destination

PO 1) 517725 2) 517725 3) 517725

Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))

Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.

Vehicle# 422

Volume

Container

Driver

Check#

Billing # 0001492

Gen EPA ID

Grid

	Time	Scale	Operator	Inbound	Gross	
In	08/23/2010 12:02:39	Inbound	judy		Tare	80100 lb
Out	08/23/2010 12:19:43	Outbound	judy		Net	32080 lb
					Tons	48020 lb
						24.01

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.01	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

[Signature]
422



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(840) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B A**
- h) Disposal Volume: **(1) Load**
4
Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(840) 639-7631**
- m) Asbestos ONLY -

☐ Friable	☐ Both	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 23, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **14-860 XA 1VA**
- e) Trailer or Container No.: **3422145**
- f) Name of Driver: **B. L. SLEP DSK**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **B. L. SLEP DSK** Date of Receipt **8/23/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **Amelia**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Amelia** Date of Receipt **8-23-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 278570

Customer Name Shaw E and I Shaw E & I Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/25/2010 Vehicle# 3087 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001492
State Waste Code Gen EPA ID
Manifest 1212 Grid
Destination
PD 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/25/2010 07:21:38	Inbound	judy		Tare	80580 lb 31040 lb
Out	08/25/2010 07:55:16	Outbound	judy		Net	49640 lb
					Tons	24.82

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.82	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: Alliant Techsystems, Inc.
- b) Generator's Address: P.O. Box 1
Radford, VA 24143
- c) Generator's Representative: Jeremy Flint
- d) Telephone Number: (540) 639-7668
- e) WASTE MANAGEMENT APPROVAL CODE
- f) Common Name of Waste: Lead Contaminated Soil
- g) Description of Waste: SWMU 54 - Area B A
- h) Disposal Volume: (1) Load 5K
- _____ Tons _____ Cubic Yards X Other 1 Load
- i) Number of Containers: One

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 839-7631
- 751 VA
1 0 1
~~2 7 0 V A~~ SK
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers: ☐ ☐ ☐

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **72-184 PY/VA**
e) Trailer or Container No.: **3126154**
f) Name of Driver: **x Ray Jones**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Ray Jones **8/23/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-861-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) S. Landry
- f) The material delivered by the Transporter has been received at the
Disposal Facility. S. Landry 8-25-10
- S. Landry Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

¹ "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA 23083
Ph: (804) 561-5787

Original
Ticket# 278489

Customer Name Shaw E and I Shaw E & L
Ticket Date 08/24/2010
Payment Type Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest 1213
Destination
PO 1) 517725 2) 517725 3) 517725
Profile 101751VA (Non Hazardous Soils from Area A (SWMU-54))
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Carrier THOMPSON Thompson trucking, Inc.
Vehicle# 247
Container
Driver
Check#
Billing # 0001492
Gen EPA ID
Grid

	Time	Scale	Operator	Inbound	Gross	
In	08/24/2010 09:04:39	Inbound	judy		Tare	80820 lb
Out	08/24/2010 09:49:21	Outbound	judy		Net	31820 lb
					Tons	49000 lb
						24.50

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.50	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

110 Simmons
Driver's Signature



247

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1213

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: Alliant Techsystems, Inc.

b) Generator's Address: P.O. Box 1
Radford, VA 24143

c) Generator's Representative: Jeremy Flint

d) Telephone Number: (540) 639-7868

e) WASTE MANAGEMENT APPROVAL CODE

--	--

--	--	--

f) Common Name of Waste: Lead Contaminated Soil

g) Description of Waste: SWMU 84 - Area B A

h) Disposal Volume: (1) Load

_____ Tons _____ Cubic Yards X Other 1 Load

i) Number of Containers: One

j) Generating Location (Name): Alliant Techsystems, Inc.

k) Address: Route 114
Radford, VA 24141

l) Telephone Number: (540) 639-7831

751 VA
7-7-0-V-A SK

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers: 7 2 TYPE OF CONTAINERS

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **605-344 PY / VA**
e) Trailer or Container No.: **3110/52**
f) Name of Driver: **William Simon**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver *William Simon* **Date of Receipt** **8/23/10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

_____	_____
Signature of Driver	Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

_____	_____
Signature of Driver	Date of Receipt

a) Disposal Facility's Name: Amelia Landfill

b) Physical Address: 20221 Maplewood Rd, Jetersville VA

c) Telephone Number: 804-561-6111 23083

d) Mailing Address: Same

e) Name of Disposal Facility's
Authorized Agent (print/type): Scudder

f) The material delivered by the Transporter has been received at the
Disposal Facility. Scudder 8-34-10

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



WASTE MANAGEMENT OF VIRGINIA, INC.

Amelia Landfill
Post Office Box 168
Amelia, VA 23002
(804) 561-5787
(804) 561-5798 Fax

Virginia Department of Environmental Quality Solid Waste Permit No.: 540

To: Shaw E & I

CERTIFICATE OF DISPOSAL

Amelia Landfill has received the following loads:

Ticket Date	Ticket ID	Customer	Generator	Manifest	Profile	Truck	Material Description	Origin	Tons
4/1/2010	261684	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2103	101751VA	455	Cont. Soil - Metals	VA	30.34
4/1/2010	261685	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2104	101751VA	422	Cont. Soil - Metals	VA	29.52
4/1/2010	261773	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2106	101751VA	432	Cont. Soil - Metals	VA	37.9
4/1/2010	261774	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2105	101751VA	3087	Cont. Soil - Metals	VA	30.79
4/2/2010	261834	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2107	101751VA	135	Cont. Soil - Metals	VA	33.02
4/2/2010	261835	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2108	101751VA	247	Cont. Soil - Metals	VA	28.02
4/5/2010	262062	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2110	101751VA	3087	Cont. Soil - Metals	VA	27.6
4/5/2010	262068	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2109	101751VA	197	Cont. Soil - Metals	VA	29.76
4/5/2010	262080	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2111	101751VA	135	Cont. Soil - Metals	VA	29.65
4/5/2010	262081	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2112	101751VA	422	Cont. Soil - Metals	VA	26.71
4/6/2010	262140	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2117	101751VA	187	Cont. Soil - Metals	VA	21.41
4/6/2010	262141	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2115	101751VA	199	Cont. Soil - Metals	VA	21.55
4/6/2010	262143	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2116	101751VA	129	Cont. Soil - Metals	VA	20.99
4/6/2010	262145	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2113	101751VA	161	Cont. Soil - Metals	VA	28.28
4/6/2010	262146	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2114	101751VA	195	Cont. Soil - Metals	VA	20.89
4/6/2010	262208	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2121	101751VA	432	Cont. Soil - Metals	VA	27.25
4/6/2010	262209	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2120	101751VA	247	Cont. Soil - Metals	VA	23.54
4/6/2010	262228	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2123	101751VA	135	Cont. Soil - Metals	VA	21.07
4/6/2010	262229	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2122	101751VA	422	Cont. Soil - Metals	VA	21.73
4/7/2010	262293	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2130	101751VA	161	Cont. Soil - Metals	VA	17.52
4/7/2010	262294	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2131	101751VA	195	Cont. Soil - Metals	VA	22.12
4/7/2010	262295	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2126	101751VA	187	Cont. Soil - Metals	VA	20.99
4/7/2010	262298	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2127	101751VA	129	Cont. Soil - Metals	VA	20.11

From everyday collection to environmental protection, Think Green® Think Waste Management.

4/7/2010	262299	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2128	101751VA	199	Cont. Soil - Metals	VA	20.2
4/7/2010	262357	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2132	101751VA	432	Cont. Soil - Metals	VA	24.47
4/7/2010	262358	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2133	101751VA	247	Cont. Soil - Metals	VA	22.16
4/7/2010	262384	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2134	101751VA	135	Cont. Soil - Metals	VA	23.99
4/7/2010	262385	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2135 1	101751VA	422	Cont. Soil - Metals	VA	21.97
4/8/2010	262422	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2140	101751VA	187	Cont. Soil - Metals	VA	16.64
4/8/2010	262424	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2138	101751VA	199	Cont. Soil - Metals	VA	18.63
4/8/2010	262425	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2139	101751VA	129	Cont. Soil - Metals	VA	18.44
4/8/2010	262428	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2141	101751VA	165	Cont. Soil - Metals	VA	17.99
4/8/2010	262477	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2124	101751VA	116	Cont. Soil - Metals	VA	23.16
4/8/2010	262488	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2143	101751VA	432	Cont. Soil - Metals	VA	27.64
4/8/2010	262489	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2142	101751VA	247	Cont. Soil - Metals	VA	20.99
4/8/2010	262514	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2145	101751VA	135	Cont. Soil - Metals	VA	23.25
4/8/2010	262515	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2144	101751VA	422	Cont. Soil - Metals	VA	23.64
4/9/2010	262553	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2150	101751VA	195	Cont. Soil - Metals	VA	21.19
4/9/2010	262555	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2147	101751VA	187	Cont. Soil - Metals	VA	22.11
4/9/2010	262556	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2149	101751VA	129	Cont. Soil - Metals	VA	21.99
4/9/2010	262557	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2148	101751VA	199	Cont. Soil - Metals	VA	21.69
4/9/2010	262560	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2146	101751VA	165	Cont. Soil - Metals	VA	21.47
4/9/2010	262615	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2152	101751VA	247	Cont. Soil - Metals	VA	20.62
4/9/2010	262641	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2153	101751VA	135	Cont. Soil - Metals	VA	24.62
4/9/2010	262642	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2154	101751VA	422	Cont. Soil - Metals	VA	20.87
4/9/2010	262662	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2155	101751VA	3192	Cont. Soil - Metals	VA	17.36
4/10/2010	262700	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2151	101751VA	109	Cont. Soil - Metals	VA	26
4/12/2010	262706	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2156	101751VA	187	Cont. Soil - Metals	VA	20.23
4/12/2010	262707	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2158	101751VA	129	Cont. Soil - Metals	VA	17.45
4/12/2010	262708	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2157	101751VA	199	Cont. Soil - Metals	VA	20.39
4/12/2010	262774	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2160	101751VA	432	Cont. Soil - Metals	VA	24.12
4/12/2010	262775	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2159	101751VA	247	Cont. Soil - Metals	VA	24.48
4/12/2010	262784	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2162	101751VA	135	Cont. Soil - Metals	VA	25.19
4/12/2010	262785	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2161	101751VA	422	Cont. Soil - Metals	VA	24.43
4/12/2010	262829	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2163	101751VA	3192	Cont. Soil - Metals	VA	21.13
4/13/2010	262846	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2167	101751VA	166	Cont. Soil - Metals	VA	21.45
4/13/2010	262847	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2168	101751VA	3089	Cont. Soil - Metals	VA	22.24
4/13/2010	262850	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2164	101751VA	187	Cont. Soil - Metals	VA	23

4/13/2010	262851	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2165	101751VA	199	Cont. Soil - Metals	VA	20.13
4/13/2010	262852	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2166	101751VA	129	Cont. Soil - Metals	VA	20.54
4/13/2010	262919	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2169	101751VA	161	Cont. Soil - Metals	VA	21.53
4/13/2010	262920	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2170	101751VA	195	Cont. Soil - Metals	VA	18.92
4/13/2010	262961	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2171	101751VA	135	Cont. Soil - Metals	VA	27.52
4/13/2010	262962	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2172	101751VA	422	Cont. Soil - Metals	VA	23.53
4/13/2010	262969	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2173	101751VA	3192	Cont. Soil - Metals	VA	24.89
4/13/2010	262970	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2174	101751VA	160	Cont. Soil - Metals	VA	24.89
4/14/2010	262980	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2175	101751VA	166	Cont. Soil - Metals	VA	21.02
4/14/2010	262981	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2176	101751VA	3089	Cont. Soil - Metals	VA	22.24
4/14/2010	262982	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2177	101751VA	187	Cont. Soil - Metals	VA	23.2
4/14/2010	262983	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2178	101751VA	129	Cont. Soil - Metals	VA	24.43
4/14/2010	262984	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2179	101751VA	199	Cont. Soil - Metals	VA	25.09
4/14/2010	263085	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2181	101751VA	195	Cont. Soil - Metals	VA	26.41
4/14/2010	263086	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2182	101751VA	135	Cont. Soil - Metals	VA	22.93
4/14/2010	263087	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2183	101751VA	422	Cont. Soil - Metals	VA	20.99
4/14/2010	263089	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2180	101751VA	161	Cont. Soil - Metals	VA	25.97
4/15/2010	263127	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2189	101751VA	3089	Cont. Soil - Metals	VA	20.52
4/15/2010	263129	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2184	101751VA	187	Cont. Soil - Metals	VA	25.36
4/15/2010	263131	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2185	101751VA	3192	Cont. Soil - Metals	VA	19.69
4/15/2010	263132	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2188	101751VA	129	Cont. Soil - Metals	VA	24.19
4/15/2010	263133	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2186	101751VA	160	Cont. Soil - Metals	VA	23.54
4/15/2010	263135	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2187	101751VA	199	Cont. Soil - Metals	VA	22.97
4/15/2010	263173	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2118	101751VA	427	Cont. Soil - Metals	VA	29.22
4/15/2010	263204	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2190	101751VA	161	Cont. Soil - Metals	VA	23.33
4/15/2010	263205	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2191	101751VA	195	Cont. Soil - Metals	VA	19.56
4/15/2010	263224	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2192	101751VA	135	Cont. Soil - Metals	VA	23.76
4/15/2010	263225	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2193	101751VA	422	Cont. Soil - Metals	VA	24.63
4/16/2010	263269	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2197	101751VA	199	Cont. Soil - Metals	VA	20.82
4/16/2010	263270	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2196	101751VA	160	Cont. Soil - Metals	VA	21.05
4/16/2010	263271	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2200	101751VA	223	Cont. Soil - Metals	VA	22.59
4/16/2010	263272	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2198	101751VA	3192	Cont. Soil - Metals	VA	21.39
4/16/2010	263273	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2199	101751VA	129	Cont. Soil - Metals	VA	21.65
4/17/2010	263392	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2119	101751VA	455	Cont. Soil - Metals	VA	29.37
4/17/2010	263393	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2137	101751VA	3087	Cont. Soil - Metals	VA	25.49

4/17/2010	263398	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2129	101751VA	107	Cont. Soil - Metals	VA	24.45
4/17/2010	263405	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2195	101751VA	427	Cont. Soil - Metals	VA	23.29
4/19/2010	263426	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2194	101751VA	126	Cont. Soil - Metals	VA	25.52
4/19/2010	263521	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2136	101751VA	126	Cont. Soil - Metals	VA	23.21
4/27/2010	264291	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2125	101751VA	197	Cont. Soil - Metals	VA	22.6
Material Total	98								2288.39

Amelia Landfill hereby certifies that the above referenced loads were received on the above dates and were disposed of in compliance with all State and Federal regulations.

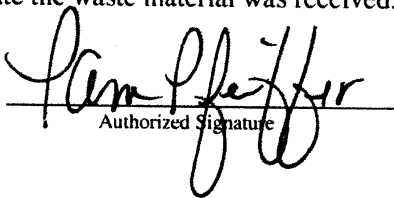
Certification:

I hereby certify that the above described waste was

- X (a) Disposed of by Secure landfill
(b) Destroyed by incineration

at the above disposal site on the same date the waste material was received.

Pam Pfeiffer
(Print) Name of authorized agent


Authorized Signature

5/4/10
Date



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA 23083-2105
804-561-5787
804-834-8005 Fax

Virginia Department of Environmental Quality Solid Waste Permit No.: 540

To: Shaw E and I (Area A)

CERTIFICATE OF DISPOSAL

Ameila Landfill has received the following loads:

Ticket Date	Ticket ID	Customer	Generator	Manifest	Profile	Truck	Material Description	Origin	Tons
03/31/2010	261634	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2101	101751VA	3087	Cont. Soil - Metals	VA	24.01
03/31/2010	261635	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2102	101751VA	432	Cont. Soil - Metals	VA	24.46
05/13/2010	266303	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2201	101751VA	153	Cont. Soil - Metals	VA	24.42
05/13/2010	266307	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2202	101751VA	3192	Cont. Soil - Metals	VA	23.75
05/14/2010	266326	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2203	101751VA	195	Cont. Soil - Metals	VA	25.06
05/14/2010	266327	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2207	101751VA	100	Cont. Soil - Metals	VA	22.88
05/14/2010	266328	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2208	101751VA	113	Cont. Soil - Metals	VA	22.30
05/14/2010	266329	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2205	101751VA	160	Cont. Soil - Metals	VA	24.55
05/14/2010	266330	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2206	101751VA	460	Cont. Soil - Metals	VA	21.13
05/14/2010	266331	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2204	101751VA	124	Cont. Soil - Metals	VA	26.43
05/17/2010	266484	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2216	101751VA	161	Cont. Soil - Metals	VA	21.79
05/17/2010	266485	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2212	101751VA	195	Cont. Soil - Metals	VA	25.02
05/17/2010	266486	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2214	101751VA	100	Cont. Soil - Metals	VA	23.06
05/17/2010	266487	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2215	101751VA	113	Cont. Soil - Metals	VA	21.52
05/17/2010	266488	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2211	101751VA	160	Cont. Soil - Metals	VA	23.72
05/17/2010	266489	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2213	101751VA	124	Cont. Soil - Metals	VA	25.82
05/17/2010	266503	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2210	101751VA	3578	Cont. Soil - Metals	VA	23.48
05/19/2010	266838	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2217	101751VA	130	Cont. Soil - Metals	VA	20.46
05/19/2010	266839	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2218	101751VA	437	Cont. Soil - Metals	VA	23.44
05/19/2010	266868	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2219	101751VA	110	Cont. Soil - Metals	VA	20.53

05/19/2010	266869	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2220	101751VA	57	Cont. Soil - Metals	VA	24.00
05/19/2010	266877	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2221	101751VA	126	Cont. Soil - Metals	VA	22.96
05/19/2010	266896	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2225	101751VA	3089	Cont. Soil - Metals	VA	20.43
05/19/2010	266897	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2226	101751VA	3192	Cont. Soil - Metals	VA	21.88
05/20/2010	266910	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2229	101751VA	199	Cont. Soil - Metals	VA	19.92
05/20/2010	266912	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2227	101751VA	161	Cont. Soil - Metals	VA	22.49
05/20/2010	266913	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2223	101751VA	195	Cont. Soil - Metals	VA	20.78
05/20/2010	266976	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2230	101751VA	130	Cont. Soil - Metals	VA	26.72
05/20/2010	267002	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2231	101751VA	100	Cont. Soil - Metals	VA	22.83
05/20/2010	267005	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2232	101751VA	113	Cont. Soil - Metals	VA	22.50
05/21/2010	267049	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2239	101751VA	165	Cont. Soil - Metals	VA	22.74
05/21/2010	267050	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2234	101751VA	460	Cont. Soil - Metals	VA	20.63
05/21/2010	267051	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2238	101751VA	180	Cont. Soil - Metals	VA	20.06
05/21/2010	267052	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2237	101751VA	3578	Cont. Soil - Metals	VA	22.36
05/21/2010	267053	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2240	101751VA	153	Cont. Soil - Metals	VA	24.21
05/21/2010	267054	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2241	101751VA	3192	Cont. Soil - Metals	VA	23.96
05/21/2010	267055	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2235	101751VA	199	Cont. Soil - Metals	VA	25.25
05/21/2010	267056	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2236	101751VA	160	Cont. Soil - Metals	VA	23.91
05/21/2010	267061	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2233	101751VA	110	Cont. Soil - Metals	VA	27.31
05/21/2010	267062	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2224	101751VA	3081	Cont. Soil - Metals	VA	19.77
05/21/2010	267128	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2242	101751VA	161	Cont. Soil - Metals	VA	23.87
05/21/2010	267129	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2243	101751VA	195	Cont. Soil - Metals	VA	22.28
05/21/2010	267153	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2245	101751VA	130	Cont. Soil - Metals	VA	23.05
05/24/2010	267208	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2256	101751VA	180	Cont. Soil - Metals	VA	23.23
05/24/2010	267211	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2252	101751VA	153	Cont. Soil - Metals	VA	20.78
05/24/2010	267212	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2255	101751VA	460	Cont. Soil - Metals	VA	23.72
05/24/2010	267213	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2246	101751VA	100	Cont. Soil - Metals	VA	19.84
05/24/2010	267214	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2251	101751VA	3081	Cont. Soil - Metals	VA	20.29
05/24/2010	267216	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2253	101751VA	3192	Cont. Soil - Metals	VA	22.33
05/24/2010	267217	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2228	101751VA	432	Cont. Soil - Metals	VA	21.36
05/24/2010	267218	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2209	101751VA	455	Cont. Soil - Metals	VA	25.40
05/24/2010	267219	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2244	101751VA	3087	Cont. Soil - Metals	VA	28.25

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05/24/2010	267222	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2248	101751VA	113	Cont. Soil - Metals	VA	23.46
05/24/2010	267223	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2250	101751VA	110	Cont. Soil - Metals	VA	20.89
05/24/2010	267224	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2247	101751VA	197	Cont. Soil - Metals	VA	24.49
05/24/2010	267234	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2254	101751VA	3578	Cont. Soil - Metals	VA	22.99
05/24/2010	267253	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2222	101751VA	147	Cont. Soil - Metals	VA	24.06
05/25/2010	267358	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2262	101751VA	3081	Cont. Soil - Metals	VA	21.72
05/25/2010	267359	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2264	101751VA	161	Cont. Soil - Metals	VA	22.04
05/25/2010	267360	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2265	101751VA	195	Cont. Soil - Metals	VA	21.24
05/25/2010	267361	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2258	101751VA	153	Cont. Soil - Metals	VA	18.49
05/25/2010	267362	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2259	101751VA	460	Cont. Soil - Metals	VA	22.38
05/25/2010	267363	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2260	101751VA	3192	Cont. Soil - Metals	VA	22.73
05/25/2010	267364	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2257	101751VA	165	Cont. Soil - Metals	VA	20.03
05/25/2010	267370	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2263	101751VA	143	Cont. Soil - Metals	VA	20.22
05/25/2010	267380	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2261	101751VA	3578	Cont. Soil - Metals	VA	22.70
05/25/2010	267439	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2266	101751VA	130	Cont. Soil - Metals	VA	19.53
05/25/2010	267440	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2267	101751VA	437	Cont. Soil - Metals	VA	21.81
05/25/2010	267452	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2268	101751VA	197	Cont. Soil - Metals	VA	22.59
05/25/2010	267474	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2269	101751VA	116	Cont. Soil - Metals	VA	21.97
05/26/2010	267516	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2272	101751VA	3081	Cont. Soil - Metals	VA	21.06
05/26/2010	267519	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2275	101751VA	153	Cont. Soil - Metals	VA	18.68
05/26/2010	267520	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2276	101751VA	3192	Cont. Soil - Metals	VA	21.44
05/26/2010	267521	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2270	101751VA	187	Cont. Soil - Metals	VA	21.57
05/26/2010	267522	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2277	101751VA	455	Cont. Soil - Metals	VA	27.15
05/26/2010	267523	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2273	101751VA	161	Cont. Soil - Metals	VA	21.68
05/26/2010	267524	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2249	101751VA	135	Cont. Soil - Metals	VA	28.93
05/26/2010	267525	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2274	101751VA	195	Cont. Soil - Metals	VA	17.03
05/26/2010	267527	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2271	101751VA	165	Cont. Soil - Metals	VA	19.85
05/26/2010	267535	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2278	101751VA	3578	Cont. Soil - Metals	VA	20.38
05/26/2010	267594	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2279	101751VA	432	Cont. Soil - Metals	VA	23.48
05/26/2010	267595	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2280	101751VA	3087	Cont. Soil - Metals	VA	24.08
05/26/2010	267623	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2281	101751VA	113	Cont. Soil - Metals	VA	22.35
05/26/2010	267632	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2282	101751VA	130	Cont. Soil - Metals	VA	24.64

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05/27/2010	267676	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2286	101751VA	153	Cont. Soil - Metals	VA	26.60
05/27/2010	267677	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2287	101751VA	460	Cont. Soil - Metals	VA	23.23
05/27/2010	267678	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2290	101751VA	199	Cont. Soil - Metals	VA	24.24
05/27/2010	267679	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2285	101751VA	187	Cont. Soil - Metals	VA	26.04
05/27/2010	267681	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2288	101751VA	3192	Cont. Soil - Metals	VA	24.98
05/27/2010	267682	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2289	101751VA	161	Cont. Soil - Metals	VA	27.93
05/27/2010	267686	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2284	101751VA	165	Cont. Soil - Metals	VA	25.53
05/27/2010	267696	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2283	101751VA	3578	Cont. Soil - Metals	VA	25.40
07/07/2010	272552	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2291	101751VA	432	Cont. Soil - Metals	VA	25.52
07/07/2010	272553	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2292	101751VA	135	Cont. Soil - Metals	VA	26.05
07/07/2010	272588	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2293	101751VA	455	Cont. Soil - Metals	VA	25.69
07/07/2010	272589	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2294	101751VA	427	Cont. Soil - Metals	VA	25.60
07/08/2010	272703	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2299	101751VA	126	Cont. Soil - Metals	VA	26.28
07/08/2010	272704	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2298	101751VA	110	Cont. Soil - Metals	VA	26.90
07/08/2010	272706	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2296	101751VA	197	Cont. Soil - Metals	VA	23.89
07/08/2010	272707	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2297	101751VA	3087	Cont. Soil - Metals	VA	25.46
07/08/2010	272714	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	2295	101751VA	437	Cont. Soil - Metals	VA	27.73
08/10/2010	277258	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1241	101751VA	455	Cont. Soil - Metals	VA	22.40
08/10/2010	277272	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1243	101751VA	110	Cont. Soil - Metals	VA	22.73
08/10/2010	277277	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1242	101751VA	145	Cont. Soil - Metals	VA	23.41
08/10/2010	277280	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1244	101751VA	422	Cont. Soil - Metals	VA	23.18
08/11/2010	277328	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1246	101751VA	141	Cont. Soil - Metals	VA	22.79
08/11/2010	277329	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1245	101751VA	187	Cont. Soil - Metals	VA	21.95
08/11/2010	277330	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1248	101751VA	223	Cont. Soil - Metals	VA	19.45
08/11/2010	277332	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1250	101751VA	160	Cont. Soil - Metals	VA	22.94
08/11/2010	277333	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1249	101751VA	3089	Cont. Soil - Metals	VA	21.00
08/11/2010	277335	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1247	101751VA	166	Cont. Soil - Metals	VA	22.42
08/23/2010	278408	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1209	101751VA	123	Cont. Soil - Metals	VA	23.85
08/23/2010	278417	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1210	101751VA	437	Cont. Soil - Metals	VA	22.88
08/23/2010	278418	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1211	101751VA	422	Cont. Soil - Metals	VA	24.01
Material Total	212								4921.07

Amelia Landfill hereby certifies that the above referenced loads were received on the above dates and were disposed of in compliance with all State and Federal regulations.

Certification:

I hereby certify that the above described waste was

- ☒ (a) disposed by Secure Landfill
☐ (b) Destroyed by incineration

At the above disposal site on the same date the waste material was received.

Pam Pfeiffer
Name of authorized Agent

Pam Pfeiffer
Authorized Signature

2-8-11
Date



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA 23083-2105
804-561-5787
804-834-8005 Fax

Virginia Department of Environmental Quality Solid Waste Permit No.: 540

To: Shaw E and I (Area A)

CERTIFICATE OF DISPOSAL

Amelia Landfill has received the following loads:

Ticket Date	Ticket ID	Customer	Generator	Manifest	Profile	Truck	Material Description	Origin	Tons
08/24/2010	278489	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1213	101751VA	247	Cont. Soil - Metals	VA	24.50
08/25/2010	278570	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1212	101751VA	3087	Cont. Soil - Metals	VA	24.82
Material Total	214								4970.39

Amelia Landfill hereby certifies that the above referenced loads were received on the above dates and were disposed of in compliance with all State and Federal regulations.

Certification:

I hereby certify that the above described waste was

- ☒ (a) disposed by Secure Landfill
☐ (b) Destroyed by incineration

At the above disposal site on the same date the waste material was received.

Pam Pfeiffer
Name of authorized Agent

Pam Pfeiffer
Authorized Signature

2-8-11
Date

Appendix C-2

Non-Hazardous Waste – Area B



INVOICE

Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

POS69178

Customer: SHAW E&I / AREA B
Account Number: 410-0001514-0041-3
Invoice Date: 05/01/2010
Invoice Number: 0026102-0041-8
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Current Invoice Amount Total Amount Due

17,188.00

17,188.00

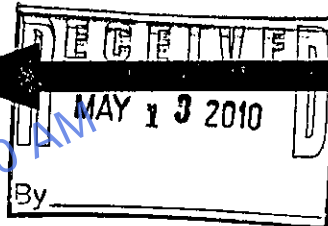
Account Summary

Description	Amount
Previous Balance	0.00
Total Credits and Adjustments	0.00
Total Payments Received	0.00
Total Current Charges	17,188.00
Total Amount Due	17,188.00
Total Amount Past Due	0.00

Service Period: APRIL 2010 SERVICE

Description	Amount
Landfill	17,188.00
Total Current Charges	17,188.00

Please pay total amount due. Thank you for your business.



If full payment of the invoiced amount is not received within 30 days of the invoice date, you will be charged a monthly late fee of 1.5% of the unpaid amount, with a minimum monthly charge of \$3.00, or such lesser late fee allowed under applicable law, regulation or contract. For each returned check, a fee will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

Want to pay this bill on-line? Go to www.wm.com to learn more about WMezPay and make a convenient, secure payment.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
17,188.00	0.00	0.00	0.00	0.00	17,188.00



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

Learn how we Think Green at
www.wm.com/thinkgreen

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Your Account Number
410-0001514-0041-3

Invoice Date: 05/01/2010
Your Invoice Number: 0026102-0041-8

Due Date: Upon Receipt
Total Due: 17,188.00
Amount Paid:

Waste Management introduces WM ezPay!! Pay your WM bill on-line at www.wm.com.

To pay your invoice by phone, call 866-WMI-2PAY or 866-964-2729.

00414100001514000261020000171880000001718800 3

0001944 NM

9124

CP1 10041L45

SHAW E&I / AREA B
PO BOX 98519-ATTN:ACCT PAYABLE
BATON ROUGE LA 70884

Waste Management
Amelia Landfill
P.O. Box 13648
Philadelphia, PA 19101-3648

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000162769132007



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Customer: SHAW E&I / AREA B
Account Number: 410-0001514-0041-3
Invoice Date: 05/01/2010
Invoice Number: 0026102-0041-8
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B: Rt.114: Radford-Va:24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
04/01/10	261810	Veh#:manife Po#:569178op Manifest prep/express mail	80.00	EAC	2.00	160.00
04/28/10	264491	Veh#:427 Po#:569178op Special waste Environmental fee Fuel surcharge Profile # 101770va Generator alliant tech systems inc (rfaap) Manifest # 1002 Ticket total	26.99 1.00 1.00	TON PCT PCT	22.00 35.63 27.85	593.78 35.63 27.85 657.26
04/28/10	264492	Veh#:57 Po#:569178op Special waste Environmental fee Fuel surcharge Profile # 101770va Generator alliant tech systems inc (rfaap) Manifest # 1001 Ticket total	17.40 1.00 1.00	TON PCT PCT	22.00 22.97 17.95	382.80 22.97 17.95 423.72
04/28/10	264522	Veh#:432 Po#:569178op Special waste Environmental fee Fuel surcharge Profile # 101770va Generator alliant tech systems inc (rfaap) Manifest # 1003 Ticket total	24.44 1.00 1.00	TON PCT PCT	22.00 32.26 25.22	537.68 32.26 25.22 595.16
04/28/10	264523	Veh#:455 Po#:569178op Special waste Environmental fee Fuel surcharge Profile # 101770va Generator alliant tech systems inc (rfaap) Manifest # 1004 Ticket total	23.97 1.00 1.00	TON PCT PCT	22.00 31.64 24.73	527.34 31.64 24.73 583.71
04/29/10	264563	Veh#:422 Po#:569178op Special waste Environmental fee Fuel surcharge Profile # 101770va Generator alliant tech systems inc (rfaap) Manifest # 1006 Ticket total	24.78 1.00 1.00	TON PCT PCT	22.00 32.71 25.57	545.16 32.71 25.57 603.44
04/29/10	264564	Veh#:153 Po#:569178op Special waste Environmental fee Fuel surcharge Profile # 101770va Generator alliant tech systems inc (rfaap) Manifest # 1009	21.47 1.00 1.00	TON PCT PCT	22.00 28.34 22.15	472.34 28.34 22.15

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Think Green®. Think Waste Management.*

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004338



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 05/01/2010
Invoice Number: 0026102-0041-8
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B: Rt. 114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Environmental fee	1.00	PCT	28.06	28.06
		Fuel surcharge	1.00	PCT	21.94	21.94
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1013				
		Ticket total				517.72
04/29/10	264577	Veh#: 460				
		Po#: 569178op				
		Special waste	20.43	TON	22.00	449.46
		Environmental fee	1.00	PCT	26.97	26.97
		Fuel surcharge	1.00	PCT	21.08	21.08
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1010				
		Ticket total				497.51
04/29/10	264649	Veh#: 427				
		Po#: 569178op				
		Special waste	26.73	TON	22.00	588.06
		Environmental fee	1.00	PCT	35.28	35.28
		Fuel surcharge	1.00	PCT	27.58	27.58
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1017				
		Ticket total				650.92
04/29/10	264650	Veh#: 57				
		Po#: 569178op				
		Special waste	26.01	TON	22.00	572.22
		Environmental fee	1.00	PCT	34.33	34.33
		Fuel surcharge	1.00	PCT	26.84	26.84
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1016				
		Ticket total				633.39
04/29/10	264658	Veh#: 145				
		Po#: 569178op				
		Special waste	23.25	TON	22.00	511.50
		Environmental fee	1.00	PCT	30.69	30.69
		Fuel surcharge	1.00	PCT	23.99	23.99
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1005				
		Ticket total				566.18
04/29/10	264678	Veh#: 432				
		Po#: 569178op				
		Special waste	24.42	TON	22.00	537.24
		Environmental fee	1.00	PCT	32.23	32.23
		Fuel surcharge	1.00	PCT	25.20	25.20
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1018				
		Ticket total				594.67
04/29/10	264679	Veh#: 437				
		Po#: 569178op				
		Special waste	24.10	TON	22.00	530.20
		Environmental fee	1.00	PCT	31.81	31.81
		Fuel surcharge	1.00	PCT	24.87	24.87
		Profile # 101770va				

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Think Green. Think Waste Management.

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Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 05/01/2010
Invoice Number: 0026102-0041-8
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw, E&I / Area B: Rt. 114: Radford, Va. 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Po#: 569178op				
		Special waste	21.14	TON	22.00	465.08
		Environmental fee	1.00	PCT	27.90	27.90
		Fuel surcharge	1.00	PCT	21.81	21.81
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1027				
		Ticket total				514.79
04/30/10	264728	Veh#: 199				
		Po#: 569178op				
		Special waste	23.34	TON	22.00	513.48
		Environmental fee	1.00	PCT	30.81	30.81
		Fuel surcharge	1.00	PCT	24.08	24.08
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1024				
		Ticket total				568.37
04/30/10	264788	Veh#: 422				
		Po#: 569178op				
		Special waste	25.50	TON	22.00	561.00
		Environmental fee	1.00	PCT	33.66	33.66
		Fuel surcharge	1.00	PCT	26.31	26.31
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1031				
		Ticket total				620.97
04/30/10	264791	Veh#: 57				
		Po#: 569178op				
		Special waste	20.80	TON	22.00	457.60
		Environmental fee	1.00	PCT	27.46	27.46
		Fuel surcharge	1.00	PCT	21.46	21.46
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1032				
		Ticket total				506.52
04/30/10	264824	Veh#: 432				
		Po#: 569178op				
		Special waste	26.46	TON	22.00	582.12
		Environmental fee	1.00	PCT	34.93	34.93
		Fuel surcharge	1.00	PCT	27.30	27.30
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1033				
		Ticket total				644.35
Total Current Charges						17,188.00

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Amelia Landfill
421 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264491

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/28/2010 Vehicle# 427 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1002 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/28/2010 11:25:39	Inbound	judy		Tare	82380 lb
Out	04/28/2010 11:51:19	Outbound	judy		Net	28400 lb
					Tons	53980 lb
						26.99

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.99	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264492

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/28/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1001 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/28/2010 11:27:48	Inbound	judy		Tare	65940 lb 31140 lb
Out	04/28/2010 11:54:41	Outbound	judy		Net	34800 lb
					Tons	17.40

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	17.40	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 54 - Area B**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****TYPE OF CONTAINERS**
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**85** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent**APRIL 28, 2010**

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **76-800 PY/VA**e) Trailer or Container No.: **33521152**f) Name of Driver: **WILLIAM CRICKEIT**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

William Crickeit **04/28/2010**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20281 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): *J. Anderson*

f) The material delivered by the Transporter has been received at the Disposal Facility:

J. Anderson **4-28-10**
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
28221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264522

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/28/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1003 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAF)

	Time	Scale	Operator	Inbound	Gross	
In	04/28/2010 13:13:03	Inbound	judy		Tare	78620 lb 29740 lb
Out	04/28/2010 13:39:36	Outbound	judy		Net	48880 lb
					Tons	24.44

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons 100		24.44	Tons				VA
2 P6ENV-Environmenta 100			%				VA
3 FUEL-Fuel Surcharg 100			%				VA

Total Fees
Total Ticket

Driver's Signature

Bohly Tenth

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 28, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-744 PY/VA**
e) Trailer or Container No.: **3432186**
f) Name of Driver: *** BOB BRYAN TARTER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
*** Bob Bryan Tarter** **04/28/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Acquilla**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Acquilla **H. B. - 10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
29221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264523

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/28/2010 Vehicle# 455 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1004 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/28/2010 13:14:53	Inbound	judy		Tare	78660 lb
Out	04/28/2010 13:45:03	Outbound	judy		Net	30720 lb
					Tons	47940 lb
						23.97

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.97	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Jul E Doff #455



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	7	7	0
							V	A	
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 28, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0808**
- d) Vehicle License No./State: **55-755 PY/VA**
- e) Trailer or Container No.: **3455/26**
- f) Name of Driver: **John E. Dign...**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
04/28/2010
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scrimgeour**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **4-28-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264564

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 153 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1009 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 07:04:47	Inbound	judy		Tare	69120 lb 26180 lb
Out	04/29/2010 07:18:25	Outbound	judy		Net	42940 lb
					Tons	21.47

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.47	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchar	100		%				VA

Total Fees
Total Ticket

Paul
Driver's Signature

153



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 54 - Area B**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****TYPE OF CONTAINERS**
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**23** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 28, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **16-241P/VA**e) Trailer or Container No.: **3153**f) Name of Driver: **Paul L. Patterson Jr**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Paul L. Patterson Jr** Date of Receipt **04/28/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **A. Landfill**f) The material delivered by the Transporter has been received at the Disposal Facility. **A. Landfill 4-29-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
10221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264566

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 166 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1012 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 07:09:57	Inbound	judy		Tare	71740 lb
Out	04/29/2010 07:25:25	Outbound	judy		Net	25960 lb
					Tons	45780 lb
						22.89

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.89	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

A. Chilton

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

APRIL 28, 2010

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-234 P/VA**
e) Trailer or Container No.: **31160**
f) Name of Driver: **Anthony O. Chilton**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Anthony O. Chilton **04/28/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264569

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 3089 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1011 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 07:13:06	Inbound	judy		Tare	73380 lb 25820 lb
Out	04/29/2010 07:30:22	Outbound	judy		Net	47560 lb
					Tons	23.78

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.78	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M. L.



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 28, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-221P/VA**
e) Trailer or Container No.: **3089**
f) Name of Driver: **X**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Mark Litchford SR. **04/28/10**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): *A. B. Burchell*

f) The material delivered by the Transporter has been received at the Disposal Facility.

A. B. Burchell **4-29-10**
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264570

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 3192 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1014 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 07:15:07	Inbound	judy		Tare	71520 lb 25880 lb
Out	04/29/2010 07:40:18	Outbound	judy		Net	45640 lb
					Tons	22.82

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.82	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P. A.



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area B**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****23** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 28, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **16-222P/VA**e) Trailer or Container No.: **3192**f) Name of Driver: **x PAT HANSEN**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **x Pat Hansen** Date of Receipt **04/28/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-861-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **A. Arnold**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264571

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 143 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1015 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	70920 lb
In	04/29/2010 07:16:30	Inbound	judy		Tare	26120 lb
Out	04/29/2010 07:43:36	Outbound	judy		Net	44800 lb
					Tons	22.40

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.40	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Donnie Dawson

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 28, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-240 P/VA**
e) Trailer or Container No.: **3143**
f) Name of Driver: **X Donnie Dawson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Donnie Dawson **04/28/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4 TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264572

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 199 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1007 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 07:17:53	Inbound	judy		Tare	73540 lb 25100 lb
Out	04/29/2010 07:47:13	Outbound	judy		Net	48440 lb
					Tons	24.22

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.22	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23.5 Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 28, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-185P/VA**
- e) Trailer or Container No.: **3199**
- f) Name of Driver: **X MC, + + h FW C V V S**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt** **04/28/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **J. Scudder**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Scudder** **14-37-10**
Signature of Driver **Date of Receipt**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264573

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 180 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1008 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 07:20:22	Inbound	judy		Tare	62380 lb
Out	04/29/2010 07:56:09	Outbound	judy		Net	28680 lb
					Tons	33700 lb
						16.85

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	16.85	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

John H. H



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 28, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **47-465P/VA**
e) Trailer or Container No.: **3180**
f) Name of Driver: **X L. H. H. Hunt**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
L. H. H. Hunt **04/28/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *L. H. H. Hunt*
f) The material delivered by the Transporter has been received at the Disposal Facility. *L. H. H. Hunt* **4-29-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264576

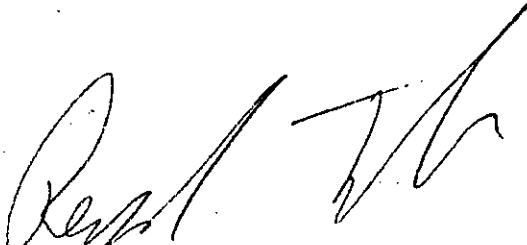
Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 3578 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1013 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 07:27:32	Inbound	judy		Tare	68300 lb 25780 lb
Out	04/29/2010 08:00:35	Outbound	judy		Net	42520 lb
					Tons	21.26

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil-Met-Tons	100	21.26	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket


Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 839-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons _____ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC- 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as the material submitted in the Application identified by the above Waste Management Code and submitted for shipment on or after the shipment date referenced below.

APRIL 28, 2010

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. K. Shankar
Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **110-230P/VA**
e) Trailer or Container No.: **3257**
f) Name of Driver: **Resing, Frank**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 04/28/10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver: _____ Date of Receipt: _____

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

_____ Signature of Driver	_____ Date of Receipt
------------------------------	--------------------------

a) Disposal Facility's Name: Amelia Landfill

b) Physical Address: 20221 Maplewood Rd, Jetersville VA

c) Telephone Number: 804-561-6111 23083

d) Mailing Address: Same

e) Name of Disposal Facility's
Authorized Agent (print/type) J. Arnold

f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Arnold 4-29-10

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264577

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 460 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1010 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 07:29:01	Inbound	judy		Tare	67080 lb
Out	04/29/2010 08:08:52	Outbound	judy		Net	26220 lb
					Tons	40860 lb
						20.43

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.43	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 28, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-244P /VA**
e) Trailer or Container No.: **3460**
f) Name of Driver: **X Tony Y. Wheeler**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Tony Y. Wheeler **04/28/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Sandra**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Sandra **4-29-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264563

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1006 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	80000 lb
In	04/29/2010 07:02:56	Inbound	judy		Tare	30440 lb
Out	04/29/2010 08:16:33	Outbound	judy		Net	49560 lb
					Tons	24.78

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.78	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Jone



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **1006**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable; ☐ N/A ☐ % non-Friable

i) Number of Containers: **One**
25 Tons ☐ Cubic Yards ☒ Other **1 Load**

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 28, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **14-860XA/VA**
e) Trailer or Container No.: **3422/92**
f) Name of Driver: ***Ray, Lowe**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
***Ray Lowe** **04/28/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sanchez**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Sanchez** **4-29-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264649

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 427 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1017 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 11:35:13	Inbound	judy		Tare	81940 lb
Out	04/29/2010 11:57:17	Outbound	judy		Net	28480 lb
					Tons	53460 lb
						26.73

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.73	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 54 - Area B**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****25** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 29, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **65-638 PY/VA**e) Trailer or Container No.: **3427/20**f) Name of Driver: **Eric Fell**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Eric Fell** Date of Receipt **04/29/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY: (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION: (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-661-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **A. Sander**f) The material delivered by the Transporter has been received at the Disposal Facility. **4-29-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264650

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1016 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	83540 lb
In	04/29/2010 11:37:45	Inbound	judy		Tare	31520 lb
Out	04/29/2010 12:04:10	Outbound	judy		Net	52020 lb
					Tons	26.01

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.01	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 29, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **3357/152 VA**
e) Trailer or Container No.: **3357/152**
f) Name of Driver: **X**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
H. R. Blankenship **04/29/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
H. R. Blankenship
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sandy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Sandy** **4-29-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264658

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 145 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1005 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/29/2010 12:17:33	Inbound	judy		Tare	78560 lb*
Out	04/29/2010 12:33:52	Outbound	judy		Net	32060 lb
			* Manual Weight		Tons	46500 lb
						23.25

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.25	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature



SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable, ☐ Both, ☐ % Friableg) Description of Waste: **SWMU 54 - Area B**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****25** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**
Generator's Authorized Agent Name (print/type)
Signature of Generator's Authorized Agent**APRIL 28, 2010**
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **14-860 XA / VA**e) Trailer or Container No.: **3422/45**f) Name of Driver: **Ray, Louis**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Ray, Louis **04/28/2010**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Alexander**f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Alexander**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
420221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264678

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1018 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	78600 lb
In	04/29/2010 13:19:18	Inbound	judy		Tare	29760 lb
Out	04/29/2010 13:46:08	Outbound	judy		Net	48840 lb
					Tons	24.42

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.42	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tate



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <hr/> <p>b) Generator's Address: <u>P.O. Box 1</u>
<u>Radford, VA 24143</u></p> <hr/> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <hr/> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <hr/> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <hr/> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <hr/> <p>g) Description of Waste: <u>SWMU 84 - Area B</u></p> <hr/> <p>h) Disposal Volume: <u>(1) Load</u></p> <p style="margin-left: 40px;"><u>25</u> Tons _____ Cubic Yards <u>X</u> Other <u>1 Load</u></p> <hr/> <p>i) Number of Containers: <u>One</u></p> <hr/> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <hr/> <p>l) Address: <u>Route 114</u>
<u>Radford, VA 24141</u></p> <hr/> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <hr/> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable</p> <hr/> <p>o) Type of Containers:</p> <div style="display: flex; align-items: center;"> T R <div style="border: 1px solid black; padding: 5px; flex-grow: 1;"> <p style="text-align: center; margin-top: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> </div> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H.R. Blackman
Signature of Generator's Authorized Agent

APRIL 29 , 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-744 PY / VA**
e) Trailer or Container No.: **3422/86**
f) Name of Driver: **x RBBY TARTER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x RBBY TARTER **04/29/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. Sandy
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Sandy 4-29-10
(Signature of Driver) Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- _____
Signature of Driver
- _____
Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264679

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/29/2010 Vehicle# 437 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1019 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	78140 lb
In	04/29/2010 13:21:12	Inbound	judy		Tare	29940 lb
Out	04/29/2010 13:55:27	Outbound	judy		Net	48200 lb
					Tons	24.10

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.10	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bruce
437



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
<u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE
 <div style="display: flex; justify-content: space-around;"> [][] [][] [][] [][] </div> </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons _____ Cubic Yards <u>X</u> Other <u>1 Load</u> </p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
<u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) ASBESTOS ONLY
 <div style="display: flex; justify-content: space-around;"> [][][][] <u>1 0 1</u> [][][][] <u>7 7 0 V A</u> </div> </p> <p>o) Type of Containers:
 <div style="display: flex; align-items: center;"> ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable </div> <div style="margin-top: 10px;"> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin-right: 5px;">T</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin-right: 5px;">R</div> <div style="border: 1px solid black; padding: 5px; min-width: 150px;"> TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag </div> </div> </p> |
|---|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 29 , 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **605-537 PY/VA**
e) Trailer or Container No.: **3437/50**
f) Name of Driver: **RONNIE HARTMAN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 04/29/2010
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____

Date of Receipt _____

- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt _____

- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) A. Scamley
- f) The material delivered by the Transporter has been received at the
Disposal Facility. A. Scamley 4-29-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Delia Landfill
221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264718

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 153 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1022 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/30/2010 07:01:03	Inbound	judy		Tare	78450 lb 26200 lb
Out	04/30/2010 07:11:53	Outbound	judy		Net	52250 lb
					Tons	26.13

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.13	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Paul
Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck,
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag
- I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 29, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-241P/VA**
- e) Trailer or Container No.: **3153**
- f) Name of Driver: **X PAUL L PATTERSON JR**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Paul L. Patterson **04/29/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **C. Dandley**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **C. Dandley** **4-30-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances; orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264721

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 166 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1023 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/30/2010 07:07:28	Inbound	judy		Tare	69820 lb
Out	04/30/2010 07:21:34	Outbound	judy		Net	25920 lb
					Tons	43900 lb
						21.95

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.95	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

A. Chilton

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
<u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE
 <div style="display: flex; justify-content: space-around;"> [][] [][] [][] [][] </div> </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>23</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u> </p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
<u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY -
 ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable </p> <p>o) Type of Containers:
 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">T R</div> <div style="border: 1px solid black; padding: 5px; font-size: small;"> TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag </div> </p> |
|--|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 29, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **110-234 P / VA**
e) Trailer or Container No.: **31106**
f) Name of Driver: **x Anthony D. Chilton**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Anthony D. Chilton 04/29/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt: _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---------------------|-----------------|
| _____ | _____ |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. D. Drouillard
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. D. Drouillard 4-20-10
- Signature of Driver J Date of Receipt 4-20-10
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amma Landfill
2021 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264722

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 143 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1028 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	77420 lb
In	04/30/2010 07:09:03	Inbound	judy		Tare	26080 lb
Out	04/30/2010 07:27:34	Outbound	judy		Net	51340 lb
					Tons	25.67

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.67	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Davis

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable, ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 29, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **110-240P/VA**
e) Trailer or Container No.: **3143**
f) Name of Driver: **Donnie Dawson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Donnie Dawson **04/29/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **C. Scurdy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **C. Scurdy** **4-30-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264723

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 460 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1029 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	75780 lb
In	04/30/2010 07:10:23	Inbound	judy		Tare	26180 lb
Out	04/30/2010 07:31:35	Outbound	judy		Net	49600 lb
					Tons	24.80

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.80	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surehang	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | |
|---|--|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>23</u> Tons _____ Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable</p> <p>o) Type of Containers:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>T</td> <td>R</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p align="center">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> | T | R |
| T | R | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **110-244 P/VA**
- e) Trailer or Container No.: **34160**
- f) Name of Driver: **X Tony X. Wheeler**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X-100 100 lbs. 04/29/10
- Signature of Driver: **[Signature]** Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt _____

- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) **J. Landry**
- f) The material delivered by the Transporter has been received at the
Disposal Facility. **J. Landry 4-30-10**
- *Signature of Driver **J** Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20321 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264724

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 180 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1025 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/30/2010 07:11:34	Inbound	judy		Tare	69140 lb
Out	04/30/2010 07:35:17	Outbound	judy		Net	28720 lb
					Tons	40420 lb
						20.21

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.21	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area B**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****23** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP****APRIL 29, 2010**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **47-465P/VA**e) Trailer or Container No.: **3180**f) Name of Driver: **X John H. Huet**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X John H. Huet** Date of Receipt **04/29/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Sandy**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **J. Sandy** Date of Receipt **4-30-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Angelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264726

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 3089 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1026 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	75700 lb
In	04/30/2010 07:14:57	Inbound	judy		Tare	25620 lb
Out	04/30/2010 07:40:57	Outbound	judy		Net	50080 lb
					Tons	25.04

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.04	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M.L.



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 839-7888**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY - ☐ Friable, ☐ Both, ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- | | | | |
|--------------------|---------------------|--|--|
| TYPE OF CONTAINERS | | | |
| TR | Truck | | |
| DM | Metal Drum | | |
| DP | Plastic Drum | | |
| BA | Bag | | |
| BB | 6 mil. Plastic Bag | | |
| BC | 12 mil. Plastic Bag | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 29, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-221 P/VA**
- e) Trailer or Container No.: **3089**
- f) Name of Driver: **Mark J. Telford SR.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Mark J. Telford SR. 04/29/2010
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **D. Scudder**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **D. Scudder 4-30-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264727

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 3192 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1027 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/30/2010 07:16:24	Inbound	judy		Tare	68020 lb
Out	04/30/2010 07:44:28	Outbound	judy		Net	25740 lb
					Tons	42280 lb
						21.14

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.14	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P. H



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 839-7688**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

APRIL 29, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-222 P/VA**
e) Trailer or Container No.: **2192**
f) Name of Driver: **X PAT HANSEN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Pat Hansen **04/29/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Amelby**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Amelby **4-30-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amel Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264728

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 199 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1024 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	71740 lb
In	04/30/2010 07:17:45	Inbound	judy		Tare	25060 lb
Out	04/30/2010 07:50:25	Outbound	judy		Net	46680 lb
					Tons	23.34

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.34	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	7	7	0
							V	A	
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons **23** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- | |
|--------------------------|
| TYPE OF CONTAINERS |
| TR - Truck |
| DM - Metal Drum |
| DP - Plastic Drum |
| BA - Bag |
| BB - 6 mil. Plastic Bag |
| BC - 12 mil. Plastic Bag |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 29, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-188P/VA**
- e) Trailer or Container No.: **3199**
- f) Name of Driver: **[Signature]**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
4/29/2010
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **[Signature]** **4.30.10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264791

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1032 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	72720 lb
In	04/30/2010 11:16:28	Inbound	judy		Tare	31120 lb
Out	04/30/2010 11:32:20	Outbound	judy		Net	41600 lb
					Tons	20.80

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.80	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | |
|---|--------------------------------|-----------------------------|--|--|--|-----------------------------------|--------------------------------|-------------------------|--------------------------------------|------------------------------|-----------------------------|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p><u>25</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY -</p> <table border="0" style="margin-left: 40px;"> <tr> <td>☐ Friable;</td> <td>☐ Both;</td> <td><u> </u> % Friable</td> </tr> <tr> <td>☐ Non-Friable</td> <td>☐ N/A</td> <td><u> </u> % non-Friable</td> </tr> </table> <p>n) Type of Containers:</p> <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>T</td><td>R</td></tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> | ☐ Friable; | ☐ Both; | <u> </u> % Friable | ☐ Non-Friable | ☐ N/A | <u> </u> % non-Friable | T | R |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ☐ Friable; | ☐ Both; | <u> </u> % Friable | | | | | | | | | | | |
| ☐ Non-Friable | ☐ N/A | <u> </u> % non-Friable | | | | | | | | | | | |
| T | R | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date APRIL 30, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0608**
d) Vehicle License No./State: **76-800 PY/VA**
e) Trailer or Container No.: **33571252**
f) Name of Driver: **X W. J. A. M. PRICKER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X W. J. A. M. PRICKER **04/30/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-661-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type): Scanned
- f) The material delivered by the Transporter has been received at the
Disposal Facility: 2-2-10 4-30-10
- Signature of Driver: _____ Date of Receipt: _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver: _____ Date of Receipt: _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264788

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1031 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	81160 lb
In	04/30/2010 11:03:35	Inbound	judy		Tare	30160 lb
Out	04/30/2010 11:35:36	Outbound	judy		Net	51000 lb
					Tons	25.50

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.50	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date **APRIL 30, 2010**

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **14-860XA / VA**
e) Trailer or Container No.: **3422192**
f) Name of Driver: **X Ray, LWC**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ray, LWC **04/30/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. L. L. L. L.**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. L. L. L. L.** **4-30-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083,
Ph: (804) 561-5787

Original
Ticket# 264824

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 04/30/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1033 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	04/30/2010 13:03:54	Inbound	judy		Tare	82680 lb
Out	04/30/2010 13:23:01	Outbound	judy		Net	29760 lb
					Tons	52920 lb
						26.46

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.46	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tenth

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 30, 2010

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-744 PY/VA**
e) Trailer or Container No.: **3432186**
f) Name of Driver: **X BORRY TARTER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X [Signature] 04/30/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Acord**
f) The material delivered by the Transporter has been received at the Disposal Facility.
[Signature] 4-30-10
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



INVOICE

Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

Page 1 of 13
Customer: SHAW E&I / AREA B
Account Number: 410-0001514-0041-3
Invoice Date: 06/01/2010
Invoice Number: 0026248-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Current Invoice Amount Total Amount Due

36,890.13

54,078.13

Account Summary

Description	Amount
Previous Balance	17,188.00
Total Credits and Adjustments	0.00
Total Payments Received	0.00
Total Current Charges	36,890.13
Total Amount Due	54,078.13
Total Amount Past Due	17,188.00

Service Period: MAY 2010 SERVICE

Please pay total amount due. Thank you for your business.

Description	Amount
Landfill	36,890.13
Total Current Charges	36,890.13

If full payment of the invoiced amount is not received within 30 days of the invoice date, you will be charged a monthly late fee of 1.5% of the unpaid amount, with a minimum monthly charge of \$3.00, or such lesser late fee allowed under applicable law, regulation or contract. For each returned check, a fee will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

RECEIVED

JUN - 8 2010

BY:

Want to pay this bill on-line? Go to www.wm.com to learn more about WMezPay and make a convenient, secure payment.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
36,890.13	17,188.00	0.00	0.00	0.00	54,078.13



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

Learn how we Think Green at
www.wm.com/thinkgreen

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Your Account Number

410-0001514-0041-3

Invoice Date

06/01/2010

Your Invoice Number

0026248-0041-9

Due Date

Upon Receipt

Total Due

54,078.13

Amount Paid

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www.wm.com. To pay by
phone, call 866-964-2729.

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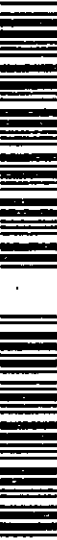
SHAW E&I / AREA B
PO BOX 98519-ATTN:ACCT PAYABLE
BATON ROUGE LA 70884

Waste Management
Amelia Landfill
P.O. Box 13648
Philadelphia, PA 19101-3648

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NOTICE: By sending your check, you are authorizing Waste Management to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check. If you have questions regarding this check conversion process only, please call 866-701-0454. For any other unrelated issues, please contact the phone number listed on the front of your invoice.

004040



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Customer: SHAW E&I / AREA B
Account Number: 410-0001514-0041-3
Invoice Date: 06/01/2010
Invoice Number: 0026248-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B Rt 114 Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
05/03/10	264904	Veh#: 145				
		Po#: 569178op				
		Special waste	23.54	TON	22.00	517.88
		Environmental fee	1.00	PCT	31.07	31.07
		Fuel surcharge	1.00	PCT	24.29	24.29
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1020				
		Ticket total				573.24
05/03/10	264944	Veh#: 126				
		Po#: 569178op				
		Special waste	23.04	TON	22.00	506.88
		Environmental fee	1.00	PCT	30.41	30.41
		Fuel surcharge	1.00	PCT	23.77	23.77
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1021				
		Ticket total				561.06
05/03/10	264983	Veh#: 247				
		Po#: 569178op				
		Special waste	20.70	TON	22.00	455.40
		Environmental fee	1.00	PCT	27.32	27.32
		Fuel surcharge	1.00	PCT	21.36	21.36
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1035				
		Ticket total				504.08
05/03/10	265000	Veh#: 57				
		Po#: 569178op				
		Special waste	24.78	TON	22.00	545.16
		Environmental fee	1.00	PCT	32.71	32.71
		Fuel surcharge	1.00	PCT	25.57	25.57
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1037				
		Ticket total				603.44
05/03/10	265001	Veh#: 197				
		Po#: 569178op				
		Special waste	24.01	TON	22.00	528.22
		Environmental fee	1.00	PCT	31.69	31.69
		Fuel surcharge	1.00	PCT	24.77	24.77
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1036				
		Ticket total				584.68
05/04/10	265040	Veh#: 187				
		Po#: 569178op				
		Special waste	25.07	TON	22.00	551.54
		Environmental fee	1.00	PCT	33.09	33.09
		Fuel surcharge	1.00	PCT	26.31	26.31
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1038				
		Ticket total				610.94
05/04/10	265043	Veh#: 153				
		Po#: 569178op				

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Service Location: 410-1514 Shaw E&I / Area B: Rt 114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Special waste	23.80	TON	22.00	523.60
		Environmental fee	1.00	PCT	31.42	31.42
		Fuel surcharge	1.00	PCT	24.98	24.98
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1039				
		Ticket total				580.00
05/04/10	265048	Veh#:223				
		Po#:569178op				
		Special waste	17.72	TON	22.00	389.84
		Environmental fee	1.00	PCT	23.39	23.39
		Fuel surcharge	1.00	PCT	18.60	18.60
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1041				
		Ticket total				431.83
05/04/10	265049	Veh#:199				
		Po#:569178op				
		Special waste	23.33	TON	22.00	513.26
		Environmental fee	1.00	PCT	30.80	30.80
		Fuel surcharge	1.00	PCT	24.48	24.48
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1040				
		Ticket total				568.54
05/04/10	265052	Veh#:180				
		Po#:569178op				
		Special waste	21.91	TON	22.00	482.02
		Environmental fee	1.00	PCT	28.92	28.92
		Fuel surcharge	1.00	PCT	22.99	22.99
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1042				
		Ticket total				533.93
05/04/10	265056	Veh#:3578				
		Po#:569178op				
		Special waste	23.65	TON	22.00	520.30
		Environmental fee	1.00	PCT	31.22	31.22
		Fuel surcharge	1.00	PCT	24.82	24.82
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1043				
		Ticket total				576.34
05/04/10	265142	Veh#:437				
		Po#:569178op				
		Special waste	25.22	TON	22.00	554.84
		Environmental fee	1.00	PCT	33.29	33.29
		Fuel surcharge	1.00	PCT	26.47	26.47
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1045				
		Ticket total				614.60
05/04/10	265143	Veh#:145				
		Po#:569178op				
		Special waste	25.99	TON	22.00	571.78
		Environmental fee	1.00	PCT	34.31	34.31
		Fuel surcharge	1.00	PCT	27.27	27.27
		Profile # 101770va				

Service Location: 410-1514 Shaw, E&I / Area B: Rt 114 Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
05/05/10	265219	Veh#: 100				
		Po#: 569178op				
		Special waste	23.68	TON	22.00	520.96
		Environmental fee	1.00	PCT	31.26	31.26
		Fuel surcharge	1.00	PCT	24.85	24.85
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1059				
		Ticket total				577.07
05/05/10	265223	Veh#: 180				
		Po#: 569178op				
		Special waste	18.92	TON	22.00	416.24
		Environmental fee	1.00	PCT	24.97	24.97
		Fuel surcharge	1.00	PCT	19.85	19.85
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1053				
		Ticket total				461.06
05/05/10	265226	Veh#: 223				
		Po#: 569178op				
		Special waste	21.20	TON	22.00	466.40
		Environmental fee	1.00	PCT	27.98	27.98
		Fuel surcharge	1.00	PCT	22.25	22.25
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1056				
		Ticket total				516.63
05/05/10	265227	Veh#: 199				
		Po#: 569178op				
		Special waste	23.03	TON	22.00	506.66
		Environmental fee	1.00	PCT	30.40	30.40
		Fuel surcharge	1.00	PCT	24.17	24.17
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1051				
		Ticket total				561.23
05/05/10	265230	Veh#: 455				
		Po#: 569178op				
		Special waste	22.98	TON	22.00	505.56
		Environmental fee	1.00	PCT	30.33	30.33
		Fuel surcharge	1.00	PCT	24.12	24.12
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1034				
		Ticket total				560.01
05/05/10	265231	Veh#: 135				
		Po#: 569178op				
		Special waste	23.91	TON	22.00	526.02
		Environmental fee	1.00	PCT	31.56	31.56
		Fuel surcharge	1.00	PCT	25.09	25.09
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1060				
		Ticket total				582.67
05/05/10	265232	Veh#: 427				
		Po#: 569178op				
		Special waste	22.13	TON	22.00	486.86
		Environmental fee	1.00	PCT	29.21	29.21



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 06/01/2010
Invoice Number: 0026248-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B: Rt.114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1044				
		Ticket total				633.36
05/04/10	265177	Veh#:247				
		Po#:569178op				
		Special waste	16.10	TON	22.00	354.20
		Environmental fee	1.00	PCT	21.25	21.25
		Fuel surcharge	1.00	PCT	16.90	16.90
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1046				
		Ticket total				392.35
05/04/10	265178	Veh#:197				
		Po#:569178op				
		Special waste	15.26	TON	22.00	335.72
		Environmental fee	1.00	PCT	20.14	20.14
		Fuel surcharge	1.00	PCT	16.01	16.01
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1047				
		Ticket total				371.87
05/04/10	265199	Veh#:3089				
		Po#:569178op				
		Special waste	19.59	TON	22.00	430.98
		Environmental fee	1.00	PCT	25.86	25.86
		Fuel surcharge	1.00	PCT	20.56	20.56
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1048				
		Ticket total				477.40
05/04/10	265202	Veh#:3138				
		Po#:569178op				
		Special waste	21.29	TON	22.00	468.38
		Environmental fee	1.00	PCT	28.10	28.10
		Fuel surcharge	1.00	PCT	22.34	22.34
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1049				
		Ticket total				518.82
05/05/10	265215	Veh#:153				
		Po#:569178op				
		Special waste	24.04	TON	22.00	528.88
		Environmental fee	1.00	PCT	31.73	31.73
		Fuel surcharge	1.00	PCT	25.23	25.23
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1054				
		Ticket total				585.84
05/05/10	265216	Veh#:187				
		Po#:569178op				
		Special waste	21.41	TON	22.00	471.02
		Environmental fee	1.00	PCT	28.26	28.26
		Fuel surcharge	1.00	PCT	22.47	22.47
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1055				
		Ticket total				521.75

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Service Location: 1410-1514 Shaw E&I // Area B Rt 114 Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Manifest # 1063				
		Ticket total				482.03
05/05/10	265345	Veh#: 432				
		Po#: 569178op				
		Special waste	23.08	TON	22.00	507.76
		Environmental fee	1.00	PCT	30.47	30.47
		Fuel surcharge	1.00	PCT	24.22	24.22
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1064				
		Ticket total				562.45
05/05/10	265346	Veh#: 197				
		Po#: 569178op				
		Special waste	20.69	TON	22.00	455.18
		Environmental fee	1.00	PCT	27.31	27.31
		Fuel surcharge	1.00	PCT	21.71	21.71
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1065				
		Ticket total				504.20
05/05/10	265381	Veh#: 3089				
		Po#: 569178op				
		Special waste	19.83	TON	22.00	436.26
		Environmental fee	1.00	PCT	26.18	26.18
		Fuel surcharge	1.00	PCT	20.81	20.81
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1066				
		Ticket total				483.25
05/05/10	265382	Veh#: 138				
		Po#: 569178op				
		Special waste	21.50	TON	22.00	473.00
		Environmental fee	1.00	PCT	28.38	28.38
		Fuel surcharge	1.00	PCT	22.56	22.56
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1067				
		Ticket total				523.94
---	05/06/10	265406	Veh#: 187			
		Po#: 569178op				
		Special waste	23.03	TON	22.00	506.66
		Environmental fee	1.00	PCT	30.40	30.40
		Fuel surcharge	1.00	PCT	24.17	24.17
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1069				
		Ticket total				561.23
05/06/10	265407	Veh#: 153				
		Po#: 569178op				
		Special waste	22.36	TON	22.00	491.92
		Environmental fee	1.00	PCT	29.52	29.52
		Fuel surcharge	1.00	PCT	23.46	23.46
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1068				
		Ticket total				544.90
05/06/10	265414	Veh#: 199				
		Po#: 569178op				





Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 06/01/2010
Invoice Number: 0026248-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw, E&I / Area B: Rt 114, Radford, Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Fuel surcharge	1.00	PCT	23.22	23.22
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1058				
		Ticket total				539.29
05/05/10	265233	Veh#: 422				
		Po#: 569178op				
		Special waste	20.31	TON	22.00	446.82
		Environmental fee	1.00	PCT	26.81	26.81
		Fuel surcharge	1.00	PCT	21.31	21.31
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1057				
		Ticket total				494.94
05/05/10	265245	Veh#: 113				
		Po#: 569178op				
		Special waste	23.52	TON	22.00	517.44
		Environmental fee	1.00	PCT	31.05	31.05
		Fuel surcharge	1.00	PCT	24.68	24.68
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1052				
		Ticket total				573.17
05/05/10	265255	Veh#: 126				
		Po#: 569178op				
		Special waste	19.65	TON	22.00	432.30
		Environmental fee	1.00	PCT	25.94	25.94
		Fuel surcharge	1.00	PCT	20.62	20.62
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1050				
		Ticket total				478.86
05/05/10	265311	Veh#: 224				
		Po#: 569178op				
		Special waste	22.14	TON	22.00	487.08
		Environmental fee	1.00	PCT	29.22	29.22
		Fuel surcharge	1.00	PCT	23.23	23.23
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1062				
		Ticket total				539.53
05/05/10	265312	Veh#: 195				
		Po#: 569178op				
		Special waste	21.10	TON	22.00	464.20
		Environmental fee	1.00	PCT	27.85	27.85
		Fuel surcharge	1.00	PCT	22.14	22.14
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1061				
		Ticket total				514.19
05/05/10	265320	Veh#: 145				
		Po#: 569178op				
		Special waste	19.78	TON	22.00	435.16
		Environmental fee	1.00	PCT	26.11	26.11
		Fuel surcharge	1.00	PCT	20.76	20.76
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				

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Service Location: 4101514 Shaw, E&I // Area B: Rt 114, Radford, Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1070				
		Ticket total				541.25
05/06/10	265428	Veh#: 422				
		Po#: 569178op				
		Special waste	22.73	TON	22.00	500.06
		Environmental fee	1.00	PCT	30.00	30.00
		Fuel surcharge	1.00	PCT	23.85	23.85
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1071				
		Ticket total				553.91
05/06/10	265502	Veh#: 126				
		Po#: 569178op				
		Special waste	26.45	TON	22.00	581.90
		Environmental fee	1.00	PCT	34.91	34.91
		Fuel surcharge	1.00	PCT	27.76	27.76
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1078				
		Ticket total				644.57
05/06/10	265503	Veh#: 161				
		Po#: 569178op				
		Special waste	22.76	TON	22.00	500.72
		Environmental fee	1.00	PCT	30.04	30.04
		Fuel surcharge	1.00	PCT	23.88	23.88
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1079				
		Ticket total				554.64
05/06/10	265509	Veh#: 432				
		Po#: 569178op				
		Special waste	22.13	TON	22.00	486.86
		Environmental fee	1.00	PCT	29.21	29.21
		Fuel surcharge	1.00	PCT	23.22	23.22
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1081				
		Ticket total				539.29
05/06/10	265521	Veh#: 113				
		Po#: 569178op				
		Special waste	18.59	TON	22.00	408.98
		Environmental fee	1.00	PCT	24.54	24.54
		Fuel surcharge	1.00	PCT	19.51	19.51
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1080				
		Ticket total				453.03
05/06/10	265530	Veh#: 3087				
		Po#: 569178op				
		Special waste	20.87	TON	22.00	459.14
		Environmental fee	1.00	PCT	27.55	27.55
		Fuel surcharge	1.00	PCT	21.90	21.90
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1082				
		Ticket total				508.59



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

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Service Location: 410-1514 Shaw E&I / Area B Rt 114 Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Special waste	19.27	TON	22.00	423.94
		Environmental fee	1.00	PCT	25.44	25.44
		Fuel surcharge	1.00	PCT	20.22	20.22
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1074				
		Ticket total				469.60
05/06/10	265416	Veh#: 180				
		Po#: 569178op				
		Special waste	16.60	TON	22.00	365.20
		Environmental fee	1.00	PCT	21.91	21.91
		Fuel surcharge	1.00	PCT	17.42	17.42
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1076				
		Ticket total				404.53
05/06/10	265417	Veh#: 100				
		Po#: 569178op				
		Special waste	19.42	TON	22.00	427.24
		Environmental fee	1.00	PCT	25.63	25.63
		Fuel surcharge	1.00	PCT	20.38	20.38
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1077				
		Ticket total				473.25
05/06/10	265422	Veh#: 223				
		Po#: 569178op				
		Special waste	18.10	TON	22.00	398.20
		Environmental fee	1.00	PCT	23.89	23.89
		Fuel surcharge	1.00	PCT	18.99	18.99
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1075				
		Ticket total				441.08
05/06/10	265425	Veh#: 455				
		Po#: 569178op				
		Special waste	22.12	TON	22.00	486.64
		Environmental fee	1.00	PCT	29.20	29.20
		Fuel surcharge	1.00	PCT	23.21	23.21
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1072				
		Ticket total				539.05
05/06/10	265426	Veh#: 427				
		Po#: 569178op				
		Special waste	21.35	TON	22.00	469.70
		Environmental fee	1.00	PCT	28.18	28.18
		Fuel surcharge	1.00	PCT	22.40	22.40
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1073				
		Ticket total				520.28
05/06/10	265427	Veh#: 135				
		Po#: 569178op				
		Special waste	22.21	TON	22.00	488.62
		Environmental fee	1.00	PCT	29.32	29.32
		Fuel surcharge	1.00	PCT	23.31	23.31

From everyday collection to environmental protection,
Think Green. Think Waste Management.

FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1



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004044



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 06/01/2010
Invoice Number: 0026248-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B: Rt. 114: Radford, Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
05/06/10	265565	Veh#: 138				
		Po#: 569178op				
		Special waste	20.41	TON	22.00	449.02
		Environmental fee	1.00	PCT	26.94	26.94
		Fuel surcharge	1.00	PCT	21.42	21.42
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1084				
		Ticket total				497.38
05/06/10	265571	Veh#: 3089				
		Po#: 569178op				
		Special waste	21.28	TON	22.00	468.16
		Environmental fee	1.00	PCT	28.09	28.09
		Fuel surcharge	1.00	PCT	22.33	22.33
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1083				
		Ticket total				518.58
05/07/10	265578	Veh#: 166				
		Po#: 569178op				
		Special waste	18.76	TON	22.00	412.72
		Environmental fee	1.00	PCT	24.76	24.76
		Fuel surcharge	1.00	PCT	19.69	19.69
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1091				
		Ticket total				457.17
05/07/10	265581	Veh#: 100				
		Po#: 569178op				
		Special waste	21.79	TON	22.00	479.38
		Environmental fee	1.00	PCT	28.76	28.76
		Fuel surcharge	1.00	PCT	22.87	22.87
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1089				
		Ticket total				531.01
05/07/10	265588	Veh#: 143				
		Po#: 569178op				
		Special waste	20.90	TON	22.00	459.80
		Environmental fee	1.00	PCT	27.59	27.59
		Fuel surcharge	1.00	PCT	21.93	21.93
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1092				
		Ticket total				509.32
05/07/10	265589	Veh#: 460				
		Po#: 569178op				
		Special waste	18.34	TON	22.00	403.48
		Environmental fee	1.00	PCT	24.21	24.21
		Fuel surcharge	1.00	PCT	19.25	19.25
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1093				
		Ticket total				446.94
05/07/10	265590	Veh#: 135				
		Po#: 569178op				
		Special waste	22.82	TON	22.00	502.04

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Service Location: 1410-1514 Shaw E&I // Area B, Rt 114, Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Environmental fee	1.00	PCT	30.12	30.12
		Fuel surcharge	1.00	PCT	23.95	23.95
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1087				
		Ticket total				556.11
05/07/10	265601	Veh#:211				
		Po#:569178op				
		Special waste	24.81	TON	22.00	545.82
		Environmental fee	1.00	PCT	32.75	32.75
		Fuel surcharge	1.00	PCT	26.04	26.04
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1088				
		Ticket total				604.61
05/10/10	265752	Veh#:427				
		Po#:569178op				
		Special waste	25.78	TON	22.00	567.16
		Environmental fee	1.00	PCT	34.03	34.03
		Fuel surcharge	1.00	PCT	27.05	27.05
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1086				
		Ticket total				628.24
05/12/10	266070	Veh#:455				
		Po#:569178op				
		Special waste	26.14	TON	22.00	575.08
		Environmental fee	1.00	PCT	34.50	34.50
		Fuel surcharge	1.00	PCT	27.60	27.60
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1085				
		Ticket total				637.18
05/12/10	266096	Veh#:126				
		Po#:569178op				
		Special waste	26.65	TON	22.00	586.30
		Environmental fee	1.00	PCT	35.18	35.18
		Fuel surcharge	1.00	PCT	28.14	28.14
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1090				
		Ticket total				649.62
05/27/10	267795	Veh#:195				
		Po#:569178op				
		Special waste	24.75	TON	22.00	544.50
		Environmental fee	1.00	PCT	32.67	32.67
		Fuel surcharge	1.00	PCT	24.77	24.77
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1096				
		Ticket total				601.94
05/28/10	267820	Veh#:166				
		Po#:569178op				
		Special waste	23.93	TON	22.00	526.46
		Environmental fee	1.00	PCT	31.59	31.59
		Fuel surcharge	1.00	PCT	23.95	23.95
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 06/01/2010
Invoice Number: 0026248-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B Rt. 114 Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Manifest # 1098				
		Ticket total				582.00
05/28/10	267821	Veh#: 161				
		Po#: 569178op				
		Special waste	23.74	TON	22.00	522.28
		Environmental fee	1.00	PCT	31.34	31.34
		Fuel surcharge	1.00	PCT	23.76	23.76
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1102				
		Ticket total				577.38
05/28/10	267824	Veh#: 153				
		Po#: 569178op				
		Special waste	23.89	TON	22.00	525.58
		Environmental fee	1.00	PCT	31.53	31.53
		Fuel surcharge	1.00	PCT	23.91	23.91
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1097				
		Ticket total				581.02
05/28/10	267825	Veh#: 460				
		Po#: 569178op				
		Special waste	21.31	TON	22.00	468.82
		Environmental fee	1.00	PCT	28.13	28.13
		Fuel surcharge	1.00	PCT	21.33	21.33
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1101				
		Ticket total				518.28
05/28/10	267826	Veh#: 187				
		Po#: 569178op				
		Special waste	21.49	TON	22.00	472.78
		Environmental fee	1.00	PCT	28.37	28.37
		Fuel surcharge	1.00	PCT	21.51	21.51
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1100				
		Ticket total				522.66
05/28/10	267840	Veh#: 3578				
		Po#: 569178op				
		Special waste	21.50	TON	22.00	473.00
		Environmental fee	1.00	PCT	28.38	28.38
		Fuel surcharge	1.00	PCT	21.52	21.52
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1099				
		Ticket total				522.90
		Central billed nat'l				0.00
Total Current Charges						36,890.13

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004046





Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264904

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/03/2010 Vehicle# 145 Volume
Payment/Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1020 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/03/2010 08:10:40	Inbound	judy		Tare	78440 lb 31360 lb
Out	05/03/2010 08:31:45	Outbound	judy		Net	47080 lb
					Tons	23.54

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.54	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 54 - Area B**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R****25** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANEKSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 29, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **65-537 PY/VA**e) Trailer or Container No.: **34371516**f) Name of Driver: **X Robert L. ENRIQUETA**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X Robert L. ENRIQUETA** Date of Receipt **04/29/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20231 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. J. J. J.**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **J. J. J. J.** Date of Receipt **5-3-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264944

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/03/2010 Vehicle# 126 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1021 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/03/2010 10:08:28	Inbound	judy		Tare	76720 1b
Out	05/03/2010 10:37:11	Outbound	judy		Net	30640 1b
					Tons	46080 1b
						23.04

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.04	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

25 Tons ☐ Cubic Yards ☒ Other **1 Load**

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

APRIL 29, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **72/184 PY /VA**
e) Trailer or Container No.: **3126/58**
f) Name of Driver: **X Robert L. EARL**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Robert L. EARL **04/29/10**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Acomdy**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Acomdy 5-3-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information:

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 264983

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/03/2010 Vehicle# 247 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1035 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/03/2010 12:26:58	Inbound	judy		Tare	73780 1b
Out	05/03/2010 12:44:46	Outbound	judy		Net	32380 1b
					Tons	41400 1b
						20.70

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.70	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

[Signature]
247



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7688**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	7	7	0
							V	A	
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 3, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **11-671 XA /VA**
- e) Trailer or Container No.: **3247140**
- f) Name of Driver: **A. L. S. L. D. S. K.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
05/03/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265000

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/03/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1037 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/03/2010 13:07:57	Inbound	judy		Tare	79860 lb
Out	05/03/2010 13:34:53	Outbound	judy		Net	30300 lb
					Tons	49560 lb
						24.78

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.78	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7688</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="margin-left: 100px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 84 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | | | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY: ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>o) Type of Containers:</p> <table border="1" style="margin-left: 100px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date May 03, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
- b) Transporter's Address: PO Box 969, Concord, VA
- c) Telephone Number: (434) 610-0808
- d) Vehicle License No./State: 76-800PY VA
- e) Trailer or Container No.: 3357156
- f) Name of Driver: William H. Pickens
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
William H. Pickens 05/03/10
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- _____
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- _____
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 5

DESTINATION - (Disposal Facility)

- | | |
|--|---|
| a) Disposal Facility's Name: | Amelia Landfill |
| b) Physical Address: | 20321 Maplewood Rd, Jetersville VA |
| c) Telephone Number: | 804-561-6111 23083 |
| d) Mailing Address: | Same |
| e) Name of Disposal Facility's
Authorized Agent (print/type) | J. Drimley |
| f) The material delivered by the Transporter has been received at the
Disposal Facility. | J. Drimley 5-2-10 |
| Signature of Driver | Date of Receipt |
| g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility. | |
| Signature of Driver | Date of Receipt |

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265001

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/03/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1036 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/03/2010 13:10:05	Inbound	judy		Tare	79200 1b 31180 1b
Out	05/03/2010 13:37:02	Outbound	judy		Net	48020 1b 24.01
					Tons	

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.01	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons _____ Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable</p> <p>o) Type of Containers:</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> T R </div> <div> <table border="1" style="font-size: small;"> <thead> <tr> <th colspan="2">TYPE OF CONTAINERS</th> </tr> </thead> <tbody> <tr><td>TR - Truck</td></tr> <tr><td>DM - Metal Drum</td></tr> <tr><td>DP - Plastic Drum</td></tr> <tr><td>BA - Bag</td></tr> <tr><td>BB - 6 mil. Plastic Bag</td></tr> <tr><td>BC - 12 mil. Plastic Bag</td></tr> </tbody> </table> </div> </div> | TYPE OF CONTAINERS | | TR - Truck | DM - Metal Drum | DP - Plastic Drum | BA - Bag | BB - 6 mil. Plastic Bag | BC - 12 mil. Plastic Bag |
|--|--|--------------------|--|------------|-----------------|-------------------|----------|-------------------------|--------------------------|
| TYPE OF CONTAINERS | | | | | | | | | |
| TR - Truck | | | | | | | | | |
| DM - Metal Drum | | | | | | | | | |
| DP - Plastic Drum | | | | | | | | | |
| BA - Bag | | | | | | | | | |
| BB - 6 mil. Plastic Bag | | | | | | | | | |
| BC - 12 mil. Plastic Bag | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY
APRIL 03, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0808
d) Vehicle License No./State: 65-395 PY/VA
e) Trailer or Container No.: 3197154
f) Name of Driver: Craig Richardson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Craig Richardson 05/03/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville, VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **L. Lundy**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **L. Lundy 5-3-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
200221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265040

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 187 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1038 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 07:04:47	Inbound	judy		Tare	76300 1b
Out	05/04/2010 07:18:08	Outbound	judy		Net	26160 1b
					Tons	50140 1b
						25.07

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.07	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Walter Smith



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons _____ Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

May 3, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 968, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **16-239 P/VA**
e) Trailer or Container No.: **1318717**
f) Name of Driver: **Walter D. Smith**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Walter D. Smith **05/03/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
W
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Brandy**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Brandy **5-4-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265043

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 153 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen-EPA ID
Manifest 1039 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 07:10:20	Inbound	judy		Tare	73780 1b
Out	05/04/2010 07:24:31	Outbound	judy		Net	26180 1b
					Tons	47600 1b
						23.80

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.80	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Paul
Driver's Signature

158

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7688**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 3, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-241 P/VA**
e) Trailer or Container No.: **3153**
f) Name of Driver: **PAUL L PATTERSON JR.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Paul L. Patterson Jr. **05/03/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265048

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 223 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1041 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 07:21:46	Inbound	judy		Tare	61280 lb
Out	05/04/2010 08:00:26	Outbound	judy		Net	25840 lb
					Tons	35440 lb
						17.72

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	17.72	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area B**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****23** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

May 3, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **16-219 P/VA**e) Trailer or Container No.: **BA03**f) Name of Driver: **X ROGER W. J. H.**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X** Date of Receipt **05/03/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2: (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **25083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **C. Drundley**f) The material delivered by the Transporter has been received at the Disposal Facility. **C. Drundley 5-4-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265049

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 199 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1040 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 07:24:07	Inbound	judy		Tare	71740 1b 25080 1b
Out	05/04/2010 07:44:02	Outbound	judy		Net	46660 1b
					Tons	23.33

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.33	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7688**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

MAY 3, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-188 P/VA**
e) Trailer or Container No.: **3199**
f) Name of Driver: **X [Signature] C-TRUCKS**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
05/03/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville, VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
f) The material delivered by the Transporter has been received at the Disposal Facility: **[Signature] 5-4-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265052

Customer Name Shaw E and I. (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 180 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1042 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 07:31:24	Inbound	judy		Tare	72520 1b
Out	05/04/2010 07:56:45	Outbound	judy		Net	28700 1b
					Tons	43820 1b
						21.91

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.91	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Dawson

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 13, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **47-405P/VA**
e) Trailer or Container No.: **3180**
f) Name of Driver: **X Donnie Dawson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Donnie Dawson **05/13/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scully**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Scully** **5-14-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
PH: (804) 561-5787

Original
Ticket# 265142

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 437 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1045 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	81260	lb
In	05/04/2010 12:11:56	Inbound	JUDY		Tare	30820	lb
Out	05/04/2010 12:35:36	Outbound	JUDY		Net	50440	lb
					Tons	25	22

Comments

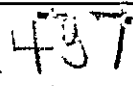
Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.22	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Juce 437





If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

1045

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 839-7631

- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINER

TYPE OF CONTAINERS	
TR - Truck	
DM - Metal Drum	
DP - Plastic Drum	
BA - Bag	
BB - 6 mil. Plastic Bag	
BC - 12 mil. Plastic Bag	

H. R. BLANKENSHIP

Signature of Generator's Authorized Agent

Shipment Date MAY 4, 2010

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Date of Receipt _____

Date of Receipt

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Samir**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Acou 5-4-10**
- Signature of Driver: _____ Date of Receipt: _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Date of Receipt: _____

Date of Receipt _____

ASBESTOS (operator to complete)

a) Operator's Name: _____ c) Telephone Number: () _____

- Date _____

- Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265143

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 145 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1044 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 12:13:34	Inbound	JUDY		Tare	83180 lb
Out	05/04/2010 12:37:25	Outbound	JUDY		Net	31200 lb
					Tons	51980 lb
						25.99

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.99	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

- n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 4, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **65-570 PY /VA**
- e) Trailer or Container No.: **3145/53**
- f) Name of Driver: **KEVIN E. PAVE**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Kevin E. Pave 05/04/2010
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. A. ...**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. A. ... 5-4-110**
- Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
- c) Telephone Number: ()

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265177

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 247 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1046 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 13:59:27	Inbound	JUDY		Tare	64700 lb
Out	05/04/2010 14:28:25	Outbound	JUDY		Net	32500 lb
					Tons	32200 lb
						16.10

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	16.10	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

B. [Signature] 247

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 04, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **11-671XA / VA**
e) Trailer or Container No.: **3247140**
f) Name of Driver: **X 3156-DDSR**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X P. J. Kline 05/04/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **A. Scudery**
f) The material delivered by the Transporter has been received at the Disposal Facility. **A. Scudery 5-4-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265178

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1047 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 14:03:15	Inbound	JUDY		Tare	61620 b 31100 b
Out	05/04/2010 14:34:48	Outbound	JUDY		Net	30520 b
					Tons	15.26

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	15.26	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons _____ Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 04, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-395 PY/VA**
e) Trailer or Container No.: **3197154**
f) Name of Driver: **Mr. Craig Richard**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Craig Richard 05/04/2010

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **C. Scuderi**
f) The material delivered by the Transporter has been received at the Disposal Facility: **C. Scuderi 5-4-10**

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265199

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 3089 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1048 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 15:12:37	Inbound	JUDY		Tare	64880 lb 25700 lb
Out	05/04/2010 15:33:22	Outbound	JUDY		Net	39180 lb
					Tons	19.59

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.59	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M.L.



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: Alliant Techsystems, Inc.
- b) Generator's Address: P.O. Box 1
Radford, VA 24143
- c) Generator's Representative: Jeremy Flint
- d) Telephone Number: (540) 839-7668
- e) WASTE MANAGEMENT APPROVAL CODE

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- f) Common Name of Waste: Lead Contaminated Soil
- g) Description of Waste: SWMU B4 - Area B
- h) Disposal Volume: (1) Load
- 23 Tons Cubic Yards X Other 1 Load
- i) Number of Containers: One

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
- m) Asbestos ONLY -

		1	0	1
--	--	---	---	---

7	7	0	V	A
---	---	---	---	---
- n) Type of Containers:

--	--

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- ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

TYPE OF CONTAINERS	
TR - Truck	
DM - Metal Drum	
DP - Plastic Drum	
BA - Bag	
BB - 6 mil. Plastic Bag	
BC - 12 mil. Plastic Bag	

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print type)

Signature of Generator's Authorized Agent

MAY
 (8) APRIL 04, 2010
 Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-221P/VA**
e) Trailer or Container No.: **3089**
f) Name of Driver: **Mark Litchford SR**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Mark Litchford SR. **05/04/2010**
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **J. Soudou**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Soudou 5-4-10**
- Signature of Driver **J. Soudou** Date of Receipt **5-4-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265202

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/04/2010 Vehicle# 3138 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1049 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/04/2010 15:18:52	Inbound	JUDY		Tare	67580 lb 25000 lb
Out	05/04/2010 15:37:22	Outbound	JUDY		Net	42580 lb
					Tons	21.29

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil-Met-Tons	100	21.29	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P. H.



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **110-254P/VA**
e) Trailer or Container No.: **3138**
f) Name of Driver: **X P. J. HANSEN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X P. J. Hansen **05/04/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Acord**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Acord 5-4-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265215

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 153 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1054 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	74240 lb
In	05/05/2010 07:03:05	Inbound	judy		Tare	26160 lb
Out	05/05/2010 07:13:56	Outbound	judy		Net	48080 lb
					Tons	24.04

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.04	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Paul
Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 04, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **10-241P/VA**
e) Trailer or Container No.: **3153**
f) Name of Driver: **PAUL E. PATERSON JR**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **[Signature]** Date of Receipt **05/04/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **[Signature]** Date of Receipt **5-5-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
80221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265216

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 187 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1055 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 07:04:24	Inbound	judy		Tare	68920 lb 26100 lb
Out	05/05/2010 07:19:38	Outbound	judy		Net	42820 lb
					Tons	21.41

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.41	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Walter Hunt



SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: Alliant Techsystems, Inc.

b) Generator's Address: P.O. Box 1
Radford, VA 24143

c) Generator's Representative: Jeremy Flint

d) Telephone Number: (540) 839-7668

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: Lead Contaminated Soil

g) Description of Waste: SWMU 54 - Area B

h) Disposal Volume: (1) Load

_____ Tons _____ Cubic Yards X Other 1 Load

i) Number of Containers: One

j) Generating Location (Name): Alliant Techsystems, Inc.

k) Address: Route 114
Radford, VA 24141

l) Telephone Number: (540) 639-7631

		1	0	1
		7	7	0
		V	A	

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

--	--

TYPE OF CONTAINERS	
TR - Truck	
DM - Metal Drum	
DP - Plastic Drum	
BA - Bag	
BB - 6 mil. Plastic Bag	
BC - 12 mil. Plastic Bag	

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date 4 MAY 04 , 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 16-239P/VA
e) Trailer or Container No.: 3183
f) Name of Driver: Walter Hunt
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Walter Hunt 05/04/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver	Date of Receipt
_____	_____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver	Date of Receipt
_____	_____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

_____	_____
Signature of Driver	Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

_____	_____
Signature of Driver	Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's
Authorized Agent (print/type): **J. Sander**

f) The material delivered by the Transporter has been received at the
Disposal Facility: **J. Sander 5-5-11**

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265219

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 100 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1059 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 07:09:53	Inbound	judy		Tare	73240 lb 25880 lb
Out	05/05/2010 07:32:06	Outbound	judy		Net	47360 lb
					Tons	23.68

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.68	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

J R Dillon

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☒ % Friable
☐ Non-Friable ☐ N/A ☒ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. ELANKESHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **110-249 P/VA**
e) Trailer or Container No.: **3100**
f) Name of Driver: **XJR DILLON**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
XJR Dillon **05/04/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: **24**
b) Transfer Facility's Address: **13**
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **XJR Dillon**
f) The material delivered by the Transporter has been received at the Disposal Facility. **5-5-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265223

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 180 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1053 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 07:22:27	Inbound	judy		Tare	66500 lb 28660 lb
Out	05/05/2010 07:43:53	Outbound	judy		Net	37840 lb
					Tons	18.92

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.92	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William E Bahr*





Manifest No. 1053

SECTION 1

GENERATOR INFORMATION (generator to complete)

- H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 47-465 P/VA
e) Trailer or Container No.: 3180
f) Name of Driver: x Donnie Dawson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Donnie Dawson 05/04/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt :

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) *I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.*

Signature of Driver _____

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- _____
Signature of Driver
- _____
Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-581-6111 , 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) A. Scaudley
- f) The material delivered by the Transporter has been received at the
Disposal Facility. A. Scaudley 5-5-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

¹ "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
etersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265226

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 223 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1056 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 07:31:37	Inbound	judy		Tare	68220 lb
Out	05/05/2010 07:54:48	Outbound	judy		Net	25820 lb
					Tons	42400 lb
						21.20

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.20	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**

1 0 1 7 7 0 V A
m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers: **T R**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 04, 2010

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **110-219 P/VA**
e) Trailer or Container No.: **32031**
f) Name of Driver: **X KACOR**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X KACOR **05/04/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Acord**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Acord** **5-5-10**

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265227

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 199 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1051 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 07:34:30	Inbound	judy		Tare	71120 10
Out	05/05/2010 07:52:39	Outbound	judy		Net	25060 10
					Tons	46060 10
						23.03

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.03	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchar	100		%				VA

Total Fees
Total Ticket

Driver's Signature



Manifest No. 1051

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- | | |
|--|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>23</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|---|

Generator's Authorized Agent Name (printType)


Signature of Generator's Authorized Representative

May
~~EX~~ APRIL 04
Shipment Date

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|--|
| a) Transporter's Name: Thompson Trucking | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: PO Box 969, Concord, VA | b) Transfer Facility's Address: _____ |
| c) Telephone Number: (434) 610-0508 | c) Telephone Number: () _____ |
| d) Vehicle License No./State: 16-188 P/VA | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: 3199 | e) Trailer or Container No.: _____ |
| f) Name of Driver: NG++110W CYRUS | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
05/04/2010 | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
_____ |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
_____ | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
_____ |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |

DESTINATION - (Disposal Facility)

- | | | | |
|---|--|---|---|
| a) Transporter's Name: | | a) Disposal Facility's Name: | <u>Amelia Landfill</u> |
| b) Transporter's Address: | | b) Physical Address: | <u>20221 Maplewood Rd, Jetersville VA</u> |
| c) Telephone Number: () | | c) Telephone Number: | <u>804-661-6111</u> <u>23083</u> |
| d) Vehicle License No./State: | | d) Mailing Address: | <u>Same</u> |
| e) Trailer or Container No.: | | e) Name of Disposal Facility's Authorized Agent (print/type) | <u>J. Samdly</u> |
| f) Name of Driver: | | f) The material delivered by the Transporter has been received at the Disposal Facility. | <u>J. Samdly</u> <u>5-5-10</u> |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: | | Signature of Driver | Date of Receipt |
| Signature of Driver _____ Date of Receipt _____ | | _____ | _____ |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | | g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. | |
| Signature of Driver _____ Date of Receipt _____ | | Signature of Driver _____ Date of Receipt _____ | |
| _____ | | _____ | |

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Adelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265230

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 455 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1034 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 07:43:21	Inbound	judy		Tare	75180 1b
Out	05/05/2010 08:12:44	Outbound	judy		Net	29220 1b
					Tons	45960 1b
						22.98

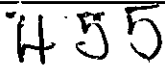
Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.98	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Joe E Dyer #455



Manifest No. 1034

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|---|
| a) Transporter's Name: <u>Thompson Trucking</u> | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: <u>PO Box 969, Concord, VA</u> | b) Transfer Facility's Address: _____ |
| c) Telephone Number: <u>(434) 610-0808</u> | c) Telephone Number: () _____ |
| d) Vehicle License No./State: <u>55-75SPY /VA</u> | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: <u>3455 /44</u> | e) Trailer or Container No.: _____ |
| f) Name of Driver: <u>X John E Digg's</u> | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
<u>X John E Digg's</u> <u>05/03/10</u> | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt |

DESTINATION - (Disposal Facility)

- | | |
|---|---|
| a) Transporter's Name: _____ | a) Disposal Facility's Name: <u>Amelia Landfill</u> |
| b) Transporter's Address: _____ | b) Physical Address: <u>20221 Maplewood Rd, Jetersville VA</u> |
| c) Telephone Number: () _____ | c) Telephone Number: <u>804-561-6111</u> <u>23083</u> |
| d) Vehicle License No./State: _____ | d) Mailing Address: <u>Same</u> |
| e) Trailer or Container No.: _____ | e) Name of Disposal Facility's Authorized Agent (print/type) <u>J. Sanchez</u> |
| f) Name of Driver: _____ | f) The material delivered by the Transporter has been received at the Disposal Facility. <u>J. Sanchez 5-5-10</u> |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: | g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265231

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 135 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1050 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 07:46:20	Inbound	judy		Tare	77820 lb 30000 lb
Out	05/05/2010 08:16:16	Outbound	judy		Net	47820 lb
					Tons	23.91

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.91	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary K. KAHN 3135



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area B**

h) Disposal Volume: **(1) Load**
AS Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

MAY 04, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **13-K3 PY/VA**

e) Trailer or Container No.: **3135/54**

f) Name of Driver: **X GARY KENNEDY**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
05/04/2010

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
[Signature]

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **230831**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): *[Signature]*

f) The material delivered by the Transporter has been received at the Disposal Facility. **5-5-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

c) Telephone Number: ()

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
21221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265232

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 427 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1058 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 07:49:31	Inbound	judy		Tare	72920 lb 28660 lb
Out	05/05/2010 08:22:42	Outbound	judy		Net	44260 lb
					Tons	22.13

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.13	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons **0** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

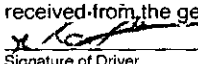
H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)


Signature of Generator's Authorized AgentMAY 04, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **65-638 PY/VA**
- e) Trailer or Container No.: **3427120**
- f) Name of Driver: **X Eric Falk**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 **05/04/2010**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landfill**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Landfill** **5-5-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.
- c) Telephone Number: ()

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265233

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code! Gen EPA ID
Manifest 1057 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 07:52:02	Inbound	judy		Tare	70860 lb 30240 lb
Out	05/05/2010 08:19:05	Outbound	judy		Net	40620 lb
					Tons	20.31

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.31	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Zorwa

4.22

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1
Radford, VA 24143**

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114
Radford, VA 24141**

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area B**

h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 04, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **14-860 XA/VA**

e) Trailer or Container No.: **3422192**

f) Name of Driver: **X Ryan**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Ryan **05/04/2010**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type) **G. Scandry**

f) The material delivered by the Transporter has been received at the Disposal Facility.
G. Scandry **5-5-10**
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

c) Telephone Number: ()

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Angelia Landfill
20121 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265245

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 113 Volume:
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1052 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 08:35:22	Inbound	judy		Tare	73060 lb 26020 lb
Out	05/05/2010 08:48:40	Outbound	judy		Net	47040 lb
					Tons	23.52

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.52	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>23</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|---|

TYPE OF CONTAINERS	
TR - Truck	
DM - Metal Drum	
DP - Plastic Drum	
BA - Bag	
BB - 6 mil. Plastic Bag	
BC - 12 mil. Plastic Bag	

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|--|
| a) Transporter's Name: Thompson Trucking | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: PO Box 969, Concord, VA | b) Transfer Facility's Address: _____ |
| c) Telephone Number: (434) 610-0508 | c) Telephone Number: () _____ |
| d) Vehicle License No./State: 110-245P/VA | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: 3113 | e) Trailer or Container No.: _____ |
| f) Name of Driver: James F. Colwell Jr. | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
James F. Colwell Jr. 05/04/2010 | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. |

Signature of Driver

Date of Receipt _____

Signature of Driver _____

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- | | |
|---|--|
| a) Transporter's Name: _____ | a) Disposal Facility's Name: Amelia Landfill |
| b) Transporter's Address: _____ | b) Physical Address: 20321 Maplewood Rd, Jetersville VA |
| c) Telephone Number: () _____ | c) Telephone Number: 804-661-6111 23083 |
| d) Vehicle License No./State: _____ | d) Mailing Address: Same |
| e) Trailer or Container No.: _____ | e) Name of Disposal Facility's Authorized Agent (print/type): J. Scudly |
| f) Name of Driver: _____ | f) The material delivered by the Transporter has been received at the Disposal Facility. J. Scudly 5-5-10 |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: | Signature of Driver: _____ Date of Receipt: _____ |
| Signature of Driver: _____ Date of Receipt: _____ | g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below: | |
| Signature of Driver: _____ Date of Receipt: _____ | |

Signature of Driver

Date of Receipt _____

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both. . .

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265255

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 126 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1050 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 09:04:30	Inbound	judy		Tare	70100 lb
Out	05/05/2010 09:27:03	Outbound	judy		Net	30800 lb
					Tons	39300 lb
						19.65

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.65	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Rue LEC



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **25** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 04, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **72-184 PY/VA**
e) Trailer or Container No.: **3126/58**
f) Name of Driver: **X Robert L EARL IX**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
ASUNCION 286 (A) 05/04/2010

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Acordy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Acordy 5-5-10**

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265311

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 224 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1062 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 11:40:57	Inbound	judy		Tare	69920 lb
Out	05/05/2010 12:10:34	Outbound	judy		Net	25640 lb
					Tons	44280 lb
						22.14

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.14	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

[Signature] 224-119

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/Type)

Signature of Generator's Authorized Agent

MAY 05, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **110-220P/VA**
- e) Trailer or Container No.: **311B**
- f) Name of Driver: **M. C. ...**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
05/05/2010
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/Type): **J. Sander**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **5-5-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265312

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 195 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1061 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 11:44:40	Inbound	judy		Tare	67180 lb
Out	05/05/2010 12:13:38	Outbound	judy		Net	24980 lb
					Tons	42200 lb
						21.10

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.10	Tons				VA
2 PSENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Freddie W. Th

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1
Radford, VA 24143**

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114
Radford, VA 24141**

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 84 - Area B**

h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**

i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

Shipment Date

MAY 05, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **16-129P/VA**

e) Trailer or Container No.: **3195**

f) Name of Driver: **X FREDDIE WILSON**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Freddie Wilson **05/05/2010**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20321 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-661-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scumley**

f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Scumley 5-5-10**
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

c) Telephone Number: ()

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Acacia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265320

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 145 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1063 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Time	Scale	Operator	Inbound	Gross	70760 lb
In. 05/05/2010 12:16:25	Inbound	judy		Tare	31200 lb
Out 05/05/2010 12:37:14	Outbound	judy		Net	39560 lb
				Tons	19.78

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.78	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 05, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **05-570 PY/VA**
e) Trailer or Container No.: **3145153**
f) Name of Driver: **KENNETH E DAVIE**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
05/05/2010
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
d) Recommended special handling instructions and additional information:

c) Telephone Number: ()

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265345

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1064 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 13:33:10	Inbound	judy		Tare	75880 lb
Out	05/05/2010 13:57:54	Outbound	judy		Net	29720 lb
					Tons	46160 lb
						23.08

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.08	Tons				VA
2 PSENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Taut

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Henrietta Landfill
20321 Maplewood Rd
Jeffersonville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265346

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1065 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 13:35:25	Inbound	judy		Tare	72440 lb
Out	05/05/2010 14:00:17	Outbound	judy		Net	31060 lb
					Tons	41380 lb
						20.69

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.69	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



Manifest No. 1065

Manifest No. 2000

GENERATOR INFORMATION (generator to complete)

- Shipment Date

TRANSFER FACILITY - (complete if applicable)

- | | |
|-----------|-----------------------------------|
| SECTION 5 | DESTINATION - (Disposal Facility) |
|-----------|-----------------------------------|

DESTINATION - (Disposal Facility)

- "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- Date _____

- Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20231 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265381

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 3089 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing# 0001514
State Waste Code Gen EPA ID
Manifest 1066 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 15:24:56	Inbound	judy		Tare	65420 lb
Out	05/05/2010 15:40:59	Outbound	judy		Net	25760 lb
					Tons	39660 lb
						19.83

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.83	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M.L.

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area B**

h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 05, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0608**

d) Vehicle License No./State: **16-221P/VA**

e) Trailer or Container No.: **2089**

f) Name of Driver: **Mark Litchford SR**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Mark Litchford SR. 05/05/10

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-661-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **J. S. Sander**

f) The material delivered by the Transporter has been received at the Disposal Facility: **5-5-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

c) Telephone Number: ()

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Wmella Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265382

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/05/2010 Vehicle# 138 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1067 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2010 15:26:58	Inbound	judy		Tare	68060 lb
Out	05/05/2010 15:43:06	Outbound	judy		Net	25060 lb
					Tons	43000 lb
						21.50

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.50	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P.H.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 84 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable	☐ Both	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **116-254P/VA**
- e) Trailer or Container No.: **3138**
- f) Name of Driver: **X PAT HANSON**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
XPA Hanson **05/05/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **Sander**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **Sander 5-5-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265406

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 187 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1069 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 07:05:22	Inbound	judy		Tare	72180-1b
Out	05/06/2010 07:17:21	Outbound	judy		Net	26120 1b
					Tons	46060 1b
						23.03

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.03	Tons				VA
2 PSENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Walter Hunt

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **0** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

**MAY
APRIL 05, 2010**

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **110-239P/VA**
e) Trailer or Container No.: **3187**
f) Name of Driver: **Walter H. H. Jr.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Walter H. H. Jr. **05/05/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265407

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 153 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1068 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non-Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 07:06:33	Inbound	judy		Tare	70880 15
Out	05/06/2010 07:19:53	Outbound	judy		Net	26160 15
					Tons	44720 15
						22.38

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.36	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Paul
Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area B**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****23** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 05, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **16-241P/VA**e) Trailer or Container No.: **3153**f) Name of Driver: **PAUL L. PATTERSON JR**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X Paul L. Patterson** Date of Receipt **05/05/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Sandy**f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Sandy 5-5-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265414

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 199 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1074 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 07:16:59	Inbound	judy		Tare	63640 16
Out	05/06/2010 07:37:40	Outbound	judy		Net	25100 16
					Tons	38540 16
						19.27

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.27	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**
m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY
~~APRIL~~ 05, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-188P/VA**
e) Trailer or Container No.: **3199**
f) Name of Driver: **X / 1194 + new C-1V4S**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X / 1194 + new C-1V4S **05/05/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. D. D. D. D.**
f) The material delivered by the Transporter has been received at the Disposal Facility. **X. D. D. D. D. 5-6-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265416

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 180 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1076 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 07:21:57	Inbound	judy		Tare	61820 lb
Out	05/06/2010 07:41:07	Outbound	judy		Net	28620 lb
					Tons	33200 lb
						16.60

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	16.60	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *William E Baker*

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 05, 2010

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **47-465 P/VA**
e) Trailer or Container No.: **3180**
f) Name of Driver: **L. W. Williams**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
L. W. Williams **05/05/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **P. Droudy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **P. Droudy** **5-6-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23093
Ph: (804) 561-5787

Original
Ticket# 265417

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 100 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1077 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 07:24:18	Inbound	judy		Tare	64740 lb
Out	05/06/2010 07:48:43	Outbound	judy		Net	25900 lb
					Tons	38840 lb
						19.42

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.42	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

JR Diller



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area B**

h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 05, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **16-249 P/VA**

e) Trailer or Container No.: **3100**

f) Name of Driver: **X JR DILLON**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X JR Dillon **05/05/2010**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-661-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sander**

f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Sander 5-6-10**
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

c) Telephone Number: ()

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type).

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265422

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 223 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1075 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 07:33:30	Inbound	judy		Tare	62020 lb
Out	05/06/2010 08:02:49	Outbound	judy		Net	25820 lb
					Tons	36200 lb
						18.10

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.10	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANEKSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

May 05, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-2194/VA**
e) Trailer or Container No.: **3203**
f) Name of Driver: **X Koser W.L. No**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
05/05/2010
Signature of Driver *[Signature]* Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: **F**
b) Transfer Facility's Address:
c) Telephone Number: **()**
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: **()**
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Brown**
f) The material delivered by the Transporter has been received at the Disposal Facility: **5-6-10**
Signature of Driver *[Signature]* Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: **()**
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265425

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 455 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1072 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 07:43:20	Inbound	judy		Tare	73460 lb
Out	05/06/2010 08:30:32	Outbound	judy		Net	29220 lb
					Tons	44240 lb
						22.12

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.12	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 839-7688**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 839-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 05, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-755 PY/VA**
e) Trailer or Container No.: **3455/44**
f) Name of Driver: **X John E. Digg**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X John E. Digg **05/05/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Amelia Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility: **X Amelia Landfill** **5-6-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Agelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265426

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 427 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1073 Grid
Destination
PQ 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 07:45:50	Inbound	judy		Tare	71280 16
Out	05/06/2010 08:20:43	Outbound	judy		Net	28580 16
					Tons	42700 16
						21.35

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.35	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **0** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

MAY 05, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-638 FY/VA**
e) Trailer or Container No.: **3427120**
f) Name of Driver: **X Eric T. H.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X 05/05/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Landfill 5-6-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265427

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 135 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen. EPA ID
Manifest 1070 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross.	
In	05/06/2010 07:48:19	Inbound	judy		Tare	74440 lb
Out	05/06/2010 08:17:50	Outbound	judy		Net	30020 lb
					Tons	44420 lb
						22.21

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.21	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Kohn 3135

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

MAY 05, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **13-193 PY/VA**
e) Trailer or Container No.: **3135/54**
f) Name of Driver: **X GARY K...**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Gary K... **05/05/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: (
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: (
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *L. Saurby*
f) The material delivered by the Transporter has been received at the Disposal Facility. *L. Saurby* **5-6-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: (
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20021 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265428

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1071 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

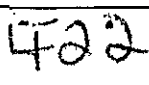
	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 07:50:54	Inbound	judy		Tare	75720 lb 30260 lb
Out	05/06/2010 08:24:12	Outbound	judy		Net	45460 lb
					Tons	22.73

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.73	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Ray Lowe*



Manifest No. 1071

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | |
|--|--------------------------------|-------------------------------|--|--|---|-----------------------------------|--------------------------------|---------------------------|--------------------------------------|------------------------------|-------------------------------|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 839-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p><u>25</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 839-7631</u></p> <p>n) Asbestos ONLY -</p> <table border="0" style="margin-left: 40px;"> <tr> <td>☐ Friable;</td> <td>☐ Both;</td> <td><u> </u> % Friable</td> </tr> <tr> <td>☐ Non-Friable</td> <td>☐ N/A</td> <td><u> </u> % non-Friable</td> </tr> </table> <p>o) Type of Containers:</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">T</td> <td style="width: 20px; height: 20px; text-align: center;">R</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> | ☐ Friable; | ☐ Both; | <u> </u> % Friable | ☐ Non-Friable | ☐ N/A | <u> </u> % non-Friable | T | R |
| | | | | | | | | | | | | | |
| ☐ Friable; | ☐ Both; | <u> </u> % Friable | | | | | | | | | | | |
| ☐ Non-Friable | ☐ N/A | <u> </u> % non-Friable | | | | | | | | | | | |
| T | R | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0808
d) Vehicle License No./State: 41-860XA / VA
e) Trailer or Container No.: 3422192
f) Name of Driver: Roy Lewis
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Roy Lewis 05/05/00
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls; or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265502

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 126 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1078 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 11:28:43	Inbound	judy		Tare	83560 lb
Out	05/06/2010 11:51:35	Outbound	judy		Net	30660 lb
					Tons	52900 lb
						26.45

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.45	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Rene L. L. L.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons **0** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

MAY 06, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **72-184PV/VA**
e) Trailer or Container No.: **31210/58**
f) Name of Driver: **KEVIN L. LEWIS**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] **05/06/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *[Signature]*
f) The material delivered by the Transporter has been received at the Disposal Facility.
[Signature] **5-6-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265503

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 161 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1079 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Time	Scale	Operator	Inbound	Gross	
In 05/06/2010 11:35:15	Inbound	judy		Tare	72800 lb
Out 05/06/2010 11:48:13	Outbound	judy		Net	27280 lb
				Tons	45520 lb
Comments					22.76

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons 100		22.76	Tons				VA
2 P&ENV-Environmenta 100			%				VA
3 FUEL-Fuel Surcharg 100			%				VA

Total Fees
Total Ticket

Driver's Signature

KM 161

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
OP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

MAY
(SE) **APRIL 06, 2010**
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-232 P / VA**
e) Trailer or Container No.: **3161**
f) Name of Driver: **X Kew McCallister**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X K McCallister **05/06/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landry**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Landry **5-6-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265509

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1081 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 12:03:10	Inbound	judy		Tare	73960 lb
Out	05/06/2010 12:28:23	Outbound	judy		Net	29700 lb
					Tons	44260 lb
						22.13

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons 100		22.13	Tons				VA
2 PGENV-Environmenta 100			%				VA
3 FUEL-Fuel Surcharg 100			%				VA

Total Fees
Total Ticket

Driver's Signature

Bolby Tait

432

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1081

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 84 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|---|
| a) Transporter's Name: <u>Thompson Trucking</u> | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: <u>PO Box 969, Concord, VA</u> | b) Transfer Facility's Address: _____ |
| c) Telephone Number: <u>(434) 610-0508</u> | c) Telephone Number: () _____ |
| d) Vehicle License No./State: <u>55-744 PY/VA</u> | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: <u>3432186</u> | e) Trailer or Container No.: _____ |
| f) Name of Driver: <u>X <i>Wendy Turt</i></u> | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
<u>X <i>Wendy Turt</i></u> <u>05/06/2010</u> | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- | | |
|---|--|
| a) Transporter's Name: _____ | a) Disposal Facility's Name: <u>Amelia Landfill</u> |
| b) Transporter's Address: _____ | b) Physical Address: <u>20221 Maplewood Rd, Jetersville VA</u> |
| c) Telephone Number: () _____ | c) Telephone Number: <u>804-561-6111</u> <u>23083</u> |
| d) Vehicle License No./State: _____ | d) Mailing Address: <u>Same</u> |
| e) Trailer or Container No.: _____ | e) Name of Disposal Facility's
Authorized Agent (print/type) <u>J. Sandy</u> |
| f) Name of Driver: _____ | f) The material delivered by the Transporter has been received at the
Disposal Facility. <u>J. Sandy 5-6-10</u> |
| g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below: | g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility. |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered
without incident or contamination on the date of delivery referenced
below. | |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265521

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 113 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1080 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 12:40:21	Inbound	judy		Tare	63040 lb
Out	05/06/2010 12:53:36	Outbound	judy		Net	25860 lb
					Tons	37180 lb
						18.59

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.59	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
2.3 Tons **1** Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 2 2006
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0608**
d) Vehicle License No./State: **116-245 P/VA**
e) Trailer or Container No.: **3113**
f) Name of Driver: **Tim Rob with**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
5/4/10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
29221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265530

Customer Name Shaw, E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 3087 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest -1082 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 13:08:43	Inbound	judy		Tare	70300 lb
Out	05/06/2010 13:26:42	Outbound	judy		Net	28560 lb
					Tons	41740 lb
						20.87

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.87	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: Alliant Techsystems, Inc.
- b) Generator's Address: P.O. Box 1
Radford, VA 24143
- c) Generator's Representative: Jeremy Flint
- d) Telephone Number: (540) 639-7668
- e) WASTE MANAGEMENT APPROVAL CODE
- f) Common Name of Waste: Lead Contaminated Soil
- g) Description of Waste: SWMU 84 - Area B
- h) Disposal Volume: (1) Load
25 Tons Cubic Yards X Other 1 Load
- i) Number of Containers: One

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers: ☐ ☐ ☐ ☐ ☐

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

⑤ MAY
APRIL 06, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 989, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 64-954 PY 1VA
e) Trailer or Container No.: 30B7113
f) Name of Driver: X MICHAEL D. STARK
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Michael Stark 05/06/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scudder**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Scudder 5-6-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265565

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 138 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1084 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/06/2010 15:03:02	Inbound	judy		Tare	65720 lb 24900 lb
Out	05/06/2010 15:17:56	Outbound	judy		Net	40820 lb
					Tons	20.41

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.41	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

P.H.

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **0** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

MAY 06, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0608**
d) Vehicle License No./State: **16-254P / VA**
e) Trailer or Container No.: **3138**
f) Name of Driver: **X PAJ HANSEN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X PAJ HANSEN **05/06/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **V. Sanchez**
f) The material delivered by the Transporter has been received at the Disposal Facility. **V. Sanchez** **5-6-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265571

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/06/2010 Vehicle# 3089 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1083 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Time	Scale	Operator	Inbound	Gross	58160 lb*
In 05/06/2010 16:01:55	Inbound	judy		Tare	25600 lb*
Out 05/06/2010 16:02:18	Outbound	judy		Net	42560 lb
		* Manual Weight		Tons	21.28

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.28	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

M.L.
Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

g) Description of Waste: **SWMU 54 - Area B**h) Disposal Volume: **(1) Load**n) Type of Containers:

T	R
---	---

23 Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

(8) MAY 06, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **110-221P/VA**e) Trailer or Container No.: **3089**f) Name of Driver: **Mark Litchford, SR.**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Mark Litchford, SR. **05/06/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **J. Soudry**f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Soudry 5-6-10**

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
89221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265578

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/07/2010 Vehicle# 166 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1091 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/07/2010 07:06:32	Inbound	judy		Tare	63360 lb
Out	05/07/2010 07:22:25	Outbound	judy		Net	25840 lb
					Tons	37520 lb
						18.76

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.76	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

A. Chilton



WASTE MANAGEMENT

NON-HAZARDOUS WASTE MANIFEST

Manifest No. **1091**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**c) Generator's Representative: **Jeremy Flint**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

☐☐☐☐☐☐☐☐f) Common Name of Waste: **Lead Contaminated Soil**g) Description of Waste: **SWMU 54 - Area B**h) Disposal Volume: **(1) Load****23**

Tons

Cubic Yards

X Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 06, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **16-234 F/VA**e) Trailer or Container No.: **31166**f) Name of Driver: **Anthony D. Chilton**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Anthony D. Chilton**Date of Receipt **05/06/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

c) Telephone Number: ()

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)

j) Generating Location (Name): **Alliant Techsystems, Inc.**k) Address: **Route 114
Radford, VA 24141**l) Telephone Number: **(540) 639-7631**☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

m) Asbestos ONLY -

☐ Friable;☐ Both;

____ % Friable

☐ Non-Friable☐ N/A

____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck

DM - Metal Drum

DP - Plastic Drum

BA - Bag

BB - 6 mil. Plastic Bag

BC - 12 mil. Plastic Bag



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265581

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/07/2010 Vehicle# 100 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1089 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	69460 lb
In	05/07/2010 07:11:15	Inbound	judy		Tare	25880 lb
Out	05/07/2010 07:30:08	Outbound	judy		Net	43580 lb
					Tons	21.79

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.79	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

J R Dillon

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**e) WASTE MANAGEMENT APPROVAL CODE

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f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

g) Description of Waste: **SWMU 84 - Area B**h) Disposal Volume: **(1) Load**n) Type of Containers:

T	R
---	---

23 Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY
APRIL 06, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **16-249P/VA**e) Trailer or Container No.: **3100**f) Name of Driver: **X JR Dillon**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **X JR Dillon** Date of Receipt **05/06/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20231 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-661-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **J. Dancy**f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Dancy 5-7-10**

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Ticket# 265588

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/07/2010 Vehicle# 143 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1092 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/07/2010 07:24:46	Inbound	judy		Tare	58020 lb
Out	05/07/2010 07:52:30	Outbound	judy		Net	26220 lb
					Tons	41800 lb
						20.90

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.90	Tons				VA
2 PGENV-Environmental	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Dawson

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **110-258P/VA**
- e) Trailer or Container No.: **3143**
- f) Name of Driver: **Donnie Dawson**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Donnie Dawson **05/10/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265589

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/07/2010 Vehicle# 460 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1093 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/07/2010 07:27:32	Inbound	judy		Tare	62920 lb 26240 lb
Out	05/07/2010 07:56:31	Outbound	judy		Net	36680 lb
					Tons	18.34

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.34	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area B**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****23** Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 24 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **110-244 P / VA**e) Trailer or Container No.: **34160**f) Name of Driver: **Terry L. Hester**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Terry L. Hester** Date of Receipt **05/06/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **S. Scuderi**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **S. Scuderi** Date of Receipt **5-7-10**

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265590

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/07/2010 Vehicle# 135 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1087 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/07/2010 07:29:40	Inbound	judy		Tare	75720 lb 30080 lb
Out	05/07/2010 07:54:43	Outbound	judy		Net	45640 lb
					Tons	22.82

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.82	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

May K. 5/13/10



If waste is asbestos waste, complete all Sections.
 If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (printType)


Signature of Generator's Authorized Agent

MAY
 (4) APRIL 06, 2010
 Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 13-193 PY/VA
e) Trailer or Container No.: 3135154
f) Name of Driver: X (2137 KALH)
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X (2137 KALH) 05/06/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 5

DESTINATION - (Disposal Facility)

- | | | |
|----|---|---|
| a) | Disposal Facility's Name: | Amelia Landfill |
| b) | Physical Address: | 20221 Maplewood Rd, Jetersville VA |
| c) | Telephone Number: | 804-561-6111 23083 |
| d) | Mailing Address: | Same |
| e) | Name of Disposal Facility's
Authorized Agent (print/type): | <i>A. Saunders</i> |
| f) | The material delivered by the Transporter has been received at the
Disposal Facility: | <i>A. Saunders 5-17-10</i> |
| | Signature of Driver: | Date of Receipt |
| g) | The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility. | |
| | Signature of Driver | Date of Receipt |

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265601

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/07/2010 Vehicle# 211 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1088 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/07/2010 08:00:23	Inbound	judy		Tare	81160 lb
Out	05/07/2010 08:24:06	Outbound	judy		Net	31540 lb
					Tons	49620 lb
						24.81

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.81	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Zorne

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 84 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u>25</u> Tons <u> </u> Cubic Yards <u>X</u> Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p style="text-align: center;"> 1 0 1 7 7 0 V A </p> <p>m) Asbestos ONLY - Friable: Both: <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY
 APRIL 26, 2010
 Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **14-8100 XA / VA**
- e) Trailer or Container No.: **3422 / 42**
- f) Name of Driver: **X Bay L...**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Signature Date of Receipt **15/10/2010**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print type) P. Scoudry
- f) The material delivered by the Transporter has been received at the
Disposal Facility. P. Scoudry 5-9-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 265752

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/10/2010 Vehicle# 427 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1086 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/10/2010 07:23:46	Inbound	judy		Tare	80160 lb
Out	05/10/2010 07:55:35	Outbound	judy		Net	28600 lb
					Tons	51560 lb
						25.78

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.78	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

427

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

25 Tons ☐ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 06, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-638 PY /VA**
e) Trailer or Container No.: **3427 /20**
f) Name of Driver: **X Eric Felt**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **[Signature]** Date of Receipt **05/06/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266070

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/12/2010 Vehicle# 455 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1085 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	81480 lb
In	05/12/2010 08:22:35	Inbound	judy		Tare	29200 lb
Out	05/12/2010 09:04:23	Outbound	judy		Net	52280 lb
					Tons	26.14

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.14	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Joe E Doff #455

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

--	--

--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons _____ Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS:

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: One

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY
 (S) APRIL 06, 2010
 Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-755 PY/VA**
e) Trailer or Container No.: **3455/44**
f) Name of Driver: **John F. Digg**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver *John F. Digg* **Date of Receipt** **05/06/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

¹ "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: ()

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

3.f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 266096

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/12/2010 Vehicle# 126 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1090 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	84140 lb
In	05/12/2010 10:09:13	Inbound	judy		Tare	30840 lb
Out	05/12/2010 10:35:24	Outbound	judy		Net	53300 lb
					Tons	26.65

Comments-

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons 100		26.65	Tons				VA
2 P6ENV-Environmenta 100			%				VA
3 FUEL-Fuel Surcharg 100			%				VA

Total Fees
Total Ticket

Driver's Signature

Robert L. E. C. B.



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267795

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/27/2010 Vehicle# 195 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1096 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	74760 lb
In	05/27/2010 14:15:19	Inbound	judy		Tare	25260 lb
Out	05/27/2010 14:26:43	Outbound	judy		Net	49500 lb
					Tons	24.75

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.75	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Freddie R. White

Total Fees
Total Ticket

Driver's Signature





Amelia Landfill
20221 Maplewood Rd
etersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267820

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/28/2010 Vehicle# 166 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1098 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/28/2010 07:09:30	Inbound	judy		Tare	73940 lb 26080 lb
Out	05/28/2010 07:27:58	Outbound	judy		Net	47860 lb
					Tons	23.93

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.93	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

A. Chilton

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
10221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267821

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/28/2010 Vehicle# 161 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1102 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	74620 lb
In	05/28/2010 07:10:47	Inbound	judy		Tare	27140 lb
Out	05/28/2010 07:31:46	Outbound	judy		Net	47480 lb
					Tons	23.74

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons 100		23.74	Tons				VA
2 P6ENV-Environmenta 100			%				VA
3 FUEL-Fuel Surcharg 100			%				VA

Total Fees
Total Ticket

Driver's Signature

K. McClellan (161)

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 64 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p><u>23</u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY: - (complete if applicable)

- | | |
|--|---|
| a) Transporter's Name: <u>Thompson Trucking</u> | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: <u>PO Box 969, Concord, VA</u> | b) Transfer Facility's Address: _____ |
| c) Telephone Number: <u>(434) 610-0508</u> | c) Telephone Number: () _____ |
| d) Vehicle License No./State: <u>16-232 P/VA</u> | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: <u>3161</u> | e) Trailer or Container No.: _____ |
| f) Name of Driver: <u>Ken Mitchell</u> | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
<u>K Mitchell</u> <u>05/27/10</u>
Signature of Driver Date of Receipt | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
<u>K Mitchell</u> <u>5-28-10</u>
Signature of Driver Date of Receipt | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- | | |
|---|---|
| a) Transporter's Name: _____ | a) Disposal Facility's Name: Amelia Landfill |
| b) Transporter's Address: _____ | b) Physical Address: 20221 Maplewood Rd, Jetersville VA |
| c) Telephone Number: () _____ | c) Telephone Number: 804-561-8111 23083 |
| d) Vehicle License No./State: _____ | d) Mailing Address: Same |
| e) Trailer or Container No.: _____ | e) Name of Disposal Facility's Authorized Agent (print/type) V. Drouin |
| f) Name of Driver: _____ | f) The material delivered by the Transporter has been received at the Disposal Facility. V. Drouin 5-28-10 |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: | g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267824

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/28/2010 Vehicle# 153 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1097 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/28/2010 07:16:20	Inbound	judy		Tare	74000 lb 26220 lb
Out	05/28/2010 07:45:25	Outbound	judy		Net	47780 lb
					Tons	23.89

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.89	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Dawson

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7688**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 27, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **11A-241 P / VA**
- e) Trailer or Container No.: **2153**
- f) Name of Driver: **X Donnie Dawson**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Donnie Dawson 05/27/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20331 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-8111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landfill**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Landfill 5-28-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20531 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267825

Customer Name Shaw E and I (Area B) Shaw E, Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/28/2010 Vehicle# 460 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1101 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/28/2010 07:17:43	Inbound	judy		Tare	68880 lb
Out	05/28/2010 07:50:46	Outbound	judy		Net	26260 lb
					Tons	42620 lb
						21.31

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.31	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
73 Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 27, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0608**
- d) Vehicle License No./State: **16-244P/VA**
- e) Trailer or Container No.: **3460**
- f) Name of Driver: **Tommy L. H. / AK**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
5/27/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sander**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
5-28-10
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

MAY 27, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-239 P/VA**
- e) Trailer or Container No.: **31871**
- f) Name of Driver: **Walter Hunt**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Walter Hunt **05/27/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY- (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **W. Acunich**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **W. Acunich** **5-28-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 267840

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 05/28/2010 Vehicle# 3578 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1099 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	05/28/2010 07:56:50	Inbound	judy		Tare	68840 lb 25840 lb
Out	05/28/2010 08:10:32	Outbound	judy		Net	43000 lb
					Tons	21.50

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.50	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY: ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

MAY 27, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-230 P 1VA**
e) Trailer or Container No.: **3578**
f) Name of Driver: **Resimold Frankl.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sawyer**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



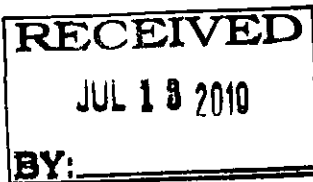
Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

PO# 56 9178

INVOICE



Customer: SHAW E&I / AREA B
Account Number: 410-0001514-0041-3
Invoice Date: 07/01/2010
Invoice Number: 0026390-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Current Invoice Amount Total Amount Due

41,434.05 78,324.18

Account Summary

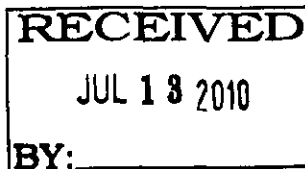
Description	Amount
Previous Balance	54,078.13
Total Credits and Adjustments	0.00
Total Payments Received	17,188.00-
Total Current Charges	41,434.05
Total Amount Due	78,324.18
Total Amount Past Due	36,890.13

Service Period: JUNE 2010 SERVICE

Description	Amount
Landfill	41,434.05
Total Current Charges	41,434.05

If full payment of the invoiced amount is not received within 30 days of the invoice date, you will be charged a monthly late fee of 1.5% of the unpaid amount, with a minimum monthly charge of \$3.00, or such lesser late fee allowed under applicable law, regulation or contract. For each returned check, a fee will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

Please pay total amount due. Thank you for your business.



The new Bagster® Dumpster In a Bag® can take on up to 3300 lb of waste & debris. As easy as Buy. Fill. Gone®. Buy at a retailer near you. www.thebagster.com

Want to pay this bill on-line? Go to www.wm.com to learn more about WMezPay and make a convenient, secure payment.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
41,434.05	36,890.13	0.00	0.00	0.00	78,324.18



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

Learn how we Think Green at
www.wm.com/thinkgreen

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Your Account Number

410-0001514-0041-3

Invoice Date

07/01/2010

Your Invoice Number

0026390-0041-9

Due Date

Upon Receipt

Total Due

78,324.18

Amount Paid

Pay your WM bill online at
www.wm.com. To pay by
phone, call 866-964-2729.

00414100001514000263900000414340500007832418 0

0001659 NM

9183

CP1 I0041L52

SHAW E&I / AREA B
PO BOX 98519-ATTN:ACCT PAYABLE
BATON ROUGE LA 70884

Waste Management
Amelia Landfill
P.O. Box 13648
Philadelphia, PA 19101-3648

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FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1

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NOTICE: By sending your check, you are authorizing Waste Management to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check. If you have questions regarding this check conversion process only, please call 866-701-0454. For any other unrelated issues, please contact the phone number listed on the front of your invoice.



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Page 3 of 14
Customer: SHAW E&I / AREA B
Account Number: 410-0001514-0041-3
Invoice Date: 07/01/2010
Invoice Number: 0026390-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B, Rt 114, Radford, Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
06/01/10	268011	Veh# 455				
		Po# 569178op				
		Special waste	22.77	TON	22.00	500.94
		Environmental fee	1.00	PCT	37.57	37.57
		Fuel surcharge	1.00	PCT	22.79	22.79
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1094				
		Ticket total				561.30
06/01/10	268060	Veh# 432				
		Po# 569178op				
		Special waste	26.43	TON	22.00	581.46
		Environmental fee	1.00	PCT	43.61	43.61
		Fuel surcharge	1.00	PCT	26.46	26.46
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1104				
		Ticket total				651.53
06/01/10	268064	Veh# 437				
		Po# 569178op				
		Special waste	28.51	TON	22.00	627.22
		Environmental fee	1.00	PCT	47.04	47.04
		Fuel surcharge	1.00	PCT	28.54	28.54
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1105				
		Ticket total				702.80
06/01/10	268086	Veh# 422				
		Po# 569178op				
		Special waste	24.13	TON	22.00	530.86
		Environmental fee	1.00	PCT	39.81	39.81
		Fuel surcharge	1.00	PCT	24.15	24.15
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1106				
		Ticket total				594.82
06/01/10	268091	Veh# 135				
		Po# 569178op				
		Special waste	26.93	TON	22.00	592.46
		Environmental fee	1.00	PCT	44.43	44.43
		Fuel surcharge	1.00	PCT	26.96	26.96
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1107				
		Ticket total				663.85
06/01/10	268092	Veh# 3087				
		Po# 569178op				
		Special waste	26.78	TON	22.00	589.16
		Environmental fee	1.00	PCT	44.19	44.19
		Fuel surcharge	1.00	PCT	26.81	26.81
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1108				
		Ticket total				660.16
06/02/10	268143	Veh# 153				
		Po# 569178op				

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FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1



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Service Location: 410-1514 Shaw E&I / Area B Rt 114 Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Special waste	22.04	TON	22.00	484.88
		Environmental fee	1.00	PCT	36.37	36.37
		Fuel surcharge	1.00	PCT	21.67	21.67
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1111				
		Ticket total				542.92
06/02/10	268144	Veh#:460				
		Po#:569178op				
		Special waste	21.63	TON	22.00	475.86
		Environmental fee	1.00	PCT	35.69	35.69
		Fuel surcharge	1.00	PCT	21.27	21.27
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1112				
		Ticket total				532.82
06/02/10	268156	Veh#:3578				
		Po#:569178op				
		Special waste	21.59	TON	22.00	474.98
		Environmental fee	1.00	PCT	35.62	35.62
		Fuel surcharge	1.00	PCT	21.23	21.23
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1110				
		Ticket total				531.83
06/02/10	268164	Veh#:455				
		Po#:569178op				
		Special waste	25.58	TON	22.00	562.76
		Environmental fee	1.00	PCT	42.21	42.21
		Fuel surcharge	1.00	PCT	25.16	25.16
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1109				
		Ticket total				630.13
06/02/10	268219	Veh#:432				
		Po#:569178op				
		Special waste	27.34	TON	22.00	601.48
		Environmental fee	1.00	PCT	45.11	45.11
		Fuel surcharge	1.00	PCT	26.89	26.89
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1113				
		Ticket total				673.48
06/02/10	268220	Veh#:145				
		Po#:569178op				
		Special waste	22.98	TON	22.00	505.56
		Environmental fee	1.00	PCT	37.92	37.92
		Fuel surcharge	1.00	PCT	22.60	22.60
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1114				
		Ticket total				566.08
06/02/10	268258	Veh#:187				
		Po#:569178op				
		Special waste	23.72	TON	22.00	521.84
		Environmental fee	1.00	PCT	39.14	39.14
		Fuel surcharge	1.00	PCT	23.33	23.33
		Profile # 101770va				



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 07/01/2010
Invoice Number: 0026390-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B, Rt 114, Radford, Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1115				
		Ticket total				584.31
06/02/10	268259	Veh#:166				
		Po#:569178op				
		Special waste	23.96	TON	22.00	527.12
		Environmental fee	1.00	PCT	39.53	39.53
		Fuel surcharge	1.00	PCT	23.56	23.56
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1116				
		Ticket total				590.21
06/02/10	268272	Veh#:422				
		Po#:569178op				
		Special waste	22.54	TON	22.00	495.88
		Environmental fee	1.00	PCT	37.19	37.19
		Fuel surcharge	1.00	PCT	22.17	22.17
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1117				
		Ticket total				555.24
06/02/10	268273	Veh#:197				
		Po#:569178op				
		Special waste	27.65	TON	22.00	608.30
		Environmental fee	1.00	PCT	45.62	45.62
		Fuel surcharge	1.00	PCT	27.19	27.19
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1118				
		Ticket total				681.11
06/03/10	268303	Veh#:153				
		Po#:569178op				
		Special waste	22.96	TON	22.00	505.12
		Environmental fee	1.00	PCT	37.88	37.88
		Fuel surcharge	1.00	PCT	22.58	22.58
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1121				
		Ticket total				565.58
06/03/10	268304	Veh#:460				
		Po#:569178op				
		Special waste	22.69	TON	22.00	499.18
		Environmental fee	1.00	PCT	37.44	37.44
		Fuel surcharge	1.00	PCT	22.31	22.31
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1120				
		Ticket total				558.93
06/03/10	268317	Veh#:3578				
		Po#:569178op				
		Special waste	19.65	TON	22.00	432.30
		Environmental fee	1.00	PCT	32.42	32.42
		Fuel surcharge	1.00	PCT	19.32	19.32
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1122				
		Ticket total				484.04

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FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1



Service Location: 410-1514 Shaw E&I / Area B: Rt 114::Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
06/03/10	268393	Veh#: 197				
		Po#: 569178op				
		Special waste	23.46	TON	22.00	516.12
		Environmental fee	1.00	PCT	38.71	38.71
		Fuel surcharge	1.00	PCT	23.07	23.07
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1124				
		Ticket total				577.90
06/03/10	268420	Veh#: 166				
		Po#: 569178op				
		Special waste	22.83	TON	22.00	502.26
		Environmental fee	1.00	PCT	37.67	37.67
		Fuel surcharge	1.00	PCT	22.45	22.45
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1125				
		Ticket total				562.38
06/03/10	268428	Veh#: 437				
		Po#: 569178op				
		Special waste	20.11	TON	22.00	442.42
		Environmental fee	1.00	PCT	33.18	33.18
		Fuel surcharge	1.00	PCT	19.78	19.78
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1126				
		Ticket total				495.38
06/03/10	268429	Veh#: 57				
		Po#: 569178op				
		Special waste	23.75	TON	22.00	522.50
		Environmental fee	1.00	PCT	39.19	39.19
		Fuel surcharge	1.00	PCT	23.36	23.36
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1127				
		Ticket total				585.05
06/04/10	268476	Veh#: 161				
		Po#: 569178op				
		Special waste	26.90	TON	22.00	591.80
		Environmental fee	1.00	PCT	44.39	44.39
		Fuel surcharge	1.00	PCT	26.45	26.45
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1129				
		Ticket total				662.64
06/04/10	268534	Veh#: 145				
		Po#: 569178op				
		Special waste	25.48	TON	22.00	560.56
		Environmental fee	1.00	PCT	42.04	42.04
		Fuel surcharge	1.00	PCT	25.06	25.06
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1130				
		Ticket total				627.66
06/04/10	268550	Veh#: 422				
		Po#: 569178op				
		Special waste	21.78	TON	22.00	479.16
		Environmental fee	1.00	PCT	35.94	35.94



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 07/01/2010
Invoice Number: 0026390-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B Rt. 114 Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Fuel surcharge	1.00	PCT	21.42	21.42
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1128				
		Ticket total				536.52
06/04/10	268560	Veh#: 437				
		Po#: 569178op				
		Special waste	24.47	TON	22.00	538.34
		Environmental fee	1.00	PCT	40.38	40.38
		Fuel surcharge	1.00	PCT	24.06	24.06
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1132				
		Ticket total				602.78
06/04/10	268561	Veh#: 197				
		Po#: 569178op				
		Special waste	20.96	TON	22.00	461.12
		Environmental fee	1.00	PCT	34.58	34.58
		Fuel surcharge	1.00	PCT	20.61	20.61
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1131				
		Ticket total				516.31
06/04/10	268583	Veh#: 432				
		Po#: 569178op				
		Special waste	26.72	TON	22.00	587.84
		Environmental fee	1.00	PCT	44.09	44.09
		Fuel surcharge	1.00	PCT	26.28	26.28
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1133				
		Ticket total				658.21
06/04/10	268584	Veh#: 3087				
		Po#: 569178op				
		Special waste	22.54	TON	22.00	495.88
		Environmental fee	1.00	PCT	37.19	37.19
		Fuel surcharge	1.00	PCT	22.17	22.17
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1134				
		Ticket total				555.24
06/04/10	268595	Veh#: 110				
		Po#: 569178op				
		Special waste	21.62	TON	22.00	475.64
		Environmental fee	1.00	PCT	35.67	35.67
		Fuel surcharge	1.00	PCT	21.26	21.26
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1135				
		Ticket total				532.57
06/04/10	268602	Veh#: 135				
		Po#: 569178op				
		Special waste	26.90	TON	22.00	591.80
		Environmental fee	1.00	PCT	44.39	44.39
		Fuel surcharge	1.00	PCT	26.45	26.45
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				

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FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1



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Service Location: 410-1514 Shaw E&I / Area B: Rt 114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Manifest # 1136				
		Ticket total				662.64
06/07/10	268655	Veh#: 160				
		Po#: 569178op				
		Special waste	22.74	TON	22.00	500.28
		Environmental fee	1.00	PCT	37.52	37.52
		Fuel surcharge	1.00	PCT	22.36	22.36
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1138				
		Ticket total				560.16
06/07/10	268656	Veh#: 460				
		Po#: 569178op				
		Special waste	22.78	TON	22.00	501.16
		Environmental fee	1.00	PCT	37.59	37.59
		Fuel surcharge	1.00	PCT	22.40	22.40
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1139				
		Ticket total				561.15
06/07/10	268659	Veh#: 422				
		Po#: 569178op				
		Special waste	19.08	TON	22.00	419.76
		Environmental fee	1.00	PCT	31.48	31.48
		Fuel surcharge	1.00	PCT	18.76	18.76
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1140				
		Ticket total				470.00
06/07/10	268663	Veh#: 3578				
		Po#: 569178op				
		Special waste	20.60	TON	22.00	453.20
		Environmental fee	1.00	PCT	33.99	33.99
		Fuel surcharge	1.00	PCT	20.26	20.26
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1137				
		Ticket total				507.45
06/07/10	268743	Veh#: 115				
		Po#: 569178op				
		Special waste	20.88	TON	22.00	459.36
		Environmental fee	1.00	PCT	34.45	34.45
		Fuel surcharge	1.00	PCT	20.53	20.53
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1142				
		Ticket total				514.34
06/07/10	268744	Veh#: 197				
		Po#: 569178op				
		Special waste	21.96	TON	22.00	483.12
		Environmental fee	1.00	PCT	36.23	36.23
		Fuel surcharge	1.00	PCT	21.60	21.60
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1141				
		Ticket total				540.95
06/07/10	268770	Veh#: 3087				
		Po#: 569178op				





Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 07/01/2010
Invoice Number: 0026390-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B: Rt 114: Radford Va 24141						
Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Special waste	28.93	TON	22.00	636.46
		Environmental fee	1.00	PCT	47.73	47.73
		Fuel surcharge	1.00	PCT	28.45	28.45
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1143				
		Ticket total				712.64
06/07/10	268775	Veh#:57				
		Po#:569178op				
		Special waste	22.06	TON	22.00	485.32
		Environmental fee	1.00	PCT	36.40	36.40
		Fuel surcharge	1.00	PCT	21.69	21.69
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1147				
		Ticket total				543.41
06/07/10	268777	Veh#:126				
		Po#:569178op				
		Special waste	27.76	TON	22.00	610.72
		Environmental fee	1.00	PCT	45.80	45.80
		Fuel surcharge	1.00	PCT	27.30	27.30
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1144				
		Ticket total				683.82
06/07/10	268778	Veh#:135				
		Po#:569178op				
		Special waste	26.39	TON	22.00	580.58
		Environmental fee	1.00	PCT	43.54	43.54
		Fuel surcharge	1.00	PCT	25.95	25.95
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1146				
		Ticket total				650.07
06/08/10	268830	Veh#:422				
		Po#:569178op				
		Special waste	22.47	TON	22.00	494.34
		Environmental fee	1.00	PCT	37.08	37.08
		Fuel surcharge	1.00	PCT	21.75	21.75
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1148				
		Ticket total				553.17
06/08/10	268831	Veh#:427				
		Po#:569178op				
		Special waste	28.41	TON	22.00	625.02
		Environmental fee	1.00	PCT	46.88	46.88
		Fuel surcharge	1.00	PCT	27.50	27.50
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1095				
		Ticket total				699.40
06/08/10	268853	Veh#:247				
		Po#:569178op				
		Special waste	18.34	TON	22.00	403.48
		Environmental fee	1.00	PCT	30.26	30.26
		Fuel surcharge	1.00	PCT	17.75	17.75

From everyday collection to environmental protection,
Think Green. Think Waste Management.

FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1



Service Location: 410-1514 Shaw, E&I / Area B: Rt. 114: Radford, Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1150				
		Ticket total				451.49
06/08/10	268874	Veh#: 145				
		Po#: 569178op				
		Special waste	20.92	TON	22.00	460.24
		Environmental fee	1.00	PCT	34.52	34.52
		Fuel surcharge	1.00	PCT	20.25	20.25
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1149				
		Ticket total				515.01
06/08/10	268908	Veh#: 197				
		Po#: 569178op				
		Special waste	21.30	TON	22.00	468.60
		Environmental fee	1.00	PCT	35.15	35.15
		Fuel surcharge	1.00	PCT	20.62	20.62
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1152				
		Ticket total				524.37
06/08/10	268926	Veh#: 135				
		Po#: 569178op				
		Special waste	25.14	TON	22.00	553.08
		Environmental fee	1.00	PCT	41.48	41.48
		Fuel surcharge	1.00	PCT	24.34	24.34
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1153				
		Ticket total				618.90
06/08/10	268927	Veh#: 57				
		Po#: 569178op				
		Special waste	22.50	TON	22.00	495.00
		Environmental fee	1.00	PCT	37.13	37.13
		Fuel surcharge	1.00	PCT	21.78	21.78
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1154				
		Ticket total				553.91
06/08/10	268968	Veh#: 116				
		Po#: 569178op				
		Special waste	23.73	TON	22.00	522.06
		Environmental fee	1.00	PCT	39.15	39.15
		Fuel surcharge	1.00	PCT	22.97	22.97
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1155				
		Ticket total				584.18
06/09/10	268994	Veh#: 187				
		Po#: 569178op				
		Special waste	20.71	TON	22.00	455.62
		Environmental fee	1.00	PCT	34.17	34.17
		Fuel surcharge	1.00	PCT	20.05	20.05
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1156				
		Ticket total				509.84





Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 07/01/2010
Invoice Number: 0026390-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514, Shaw E&I / Area B, Rt 114, Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
06/09/10	269001	Veh#: 126				
		Po#: 569178op				
		Special waste	22.65	TON	22.00	498.30
		Environmental fee	1.00	PCT	37.37	37.37
		Fuel surcharge	1.00	PCT	21.93	21.93
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1157				
		Ticket total				557.60
06/09/10	269002	Veh#: 455				
		Po#: 569178op				
		Special waste	25.31	TON	22.00	556.82
		Environmental fee	1.00	PCT	41.76	41.76
		Fuel surcharge	1.00	PCT	24.50	24.50
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1123				
		Ticket total				623.08
06/09/10	269005	Veh#: 3192				
		Po#: 569178op				
		Special waste	20.45	TON	22.00	449.90
		Environmental fee	1.00	PCT	33.74	33.74
		Fuel surcharge	1.00	PCT	19.80	19.80
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1159				
		Ticket total				503.44
06/09/10	269021	Veh#: 115				
		Po#: 569178op				
		Special waste	17.28	TON	22.00	380.16
		Environmental fee	1.00	PCT	28.51	28.51
		Fuel surcharge	1.00	PCT	16.73	16.73
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1151				
		Ticket total				425.40
06/09/10	269027	Veh#: 3089				
		Po#: 569178op				
		Special waste	21.65	TON	22.00	476.30
		Environmental fee	1.00	PCT	35.72	35.72
		Fuel surcharge	1.00	PCT	20.96	20.96
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1158				
		Ticket total				532.98
06/09/10	269071	Veh#: 437				
		Po#: 569178op				
		Special waste	20.30	TON	22.00	446.60
		Environmental fee	1.00	PCT	33.50	33.50
		Fuel surcharge	1.00	PCT	19.65	19.65
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1161				
		Ticket total				499.75
06/09/10	269072	Veh#: 3087				
		Po#: 569178op				
		Special waste	21.86	TON	22.00	480.92

From everyday collection to environmental protection,
Think Green. Think Waste Management.

FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1



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003577

Service Location: 410-1514 Shaw E&I / Area B Rt 114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Environmental fee	1.00	PCT	36.07	36.07
		Fuel surcharge	1.00	PCT	21.16	21.16
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1160				
		Ticket total				538.15
06/09/10	269097	Veh#:197				
		Po#:569178op				
		Special waste	22.87	TON	22.00	503.14
		Environmental fee	1.00	PCT	37.74	37.74
		Fuel surcharge	1.00	PCT	22.14	22.14
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1162				
		Ticket total				563.02
06/09/10	269100	Veh#:247				
		Po#:569178op				
		Special waste	23.68	TON	22.00	520.96
		Environmental fee	1.00	PCT	39.07	39.07
		Fuel surcharge	1.00	PCT	22.92	22.92
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1163				
		Ticket total				582.95
06/09/10	269108	Veh#:57				
		Po#:569178op				
		Special waste	22.19	TON	22.00	488.18
		Environmental fee	1.00	PCT	36.61	36.61
		Fuel surcharge	1.00	PCT	21.48	21.48
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1164				
		Ticket total				546.27
06/09/10	269118	Veh#:432				
		Po#:569178op				
		Special waste	22.10	TON	22.00	486.20
		Environmental fee	1.00	PCT	36.47	36.47
		Fuel surcharge	1.00	PCT	21.39	21.39
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1165				
		Ticket total				544.06
06/10/10	269144	Veh#:427				
		Po#:569178op				
		Special waste	23.11	TON	22.00	508.42
		Environmental fee	1.00	PCT	38.13	38.13
		Fuel surcharge	1.00	PCT	22.37	22.37
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1119				
		Ticket total				568.92
06/10/10	269145	Veh#:115				
		Po#:569178op				
		Special waste	21.93	TON	22.00	482.46
		Environmental fee	1.00	PCT	36.18	36.18
		Fuel surcharge	1.00	PCT	21.23	21.23
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				





Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 07/01/2010
Invoice Number: 0026390-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B: Rt 114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Manifest # 1166				
		Ticket total				539.87
06/10/10	269146	Veh#:247				
		Po#:569178op				
		Special waste	22.72	TON	22.00	499.84
		Environmental fee	1.00	PCT	37.49	37.49
		Fuel surcharge	1.00	PCT	21.99	21.99
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1167				
		Ticket total				559.32
06/10/10	269180	Veh#:145				
		Po#:569178op				
		Special waste	20.41	TON	22.00	449.02
		Environmental fee	1.00	PCT	33.68	33.68
		Fuel surcharge	1.00	PCT	19.76	19.76
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1				
		Ticket total				502.46
06/11/10	269291	Veh#:422				
		Po#:569178op				
		Special waste	29.74	TON	22.00	654.28
		Environmental fee	1.00	PCT	49.07	49.07
		Fuel surcharge	1.00	PCT	28.79	28.79
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1172				
		Ticket total				732.14
06/11/10	269292	Veh#:432				
		Po#:569178op				
		Special waste	20.97	TON	22.00	461.34
		Environmental fee	1.00	PCT	34.60	34.60
		Fuel surcharge	1.00	PCT	20.30	20.30
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1170				
		Ticket total				516.24
06/11/10	269293	Veh#:135				
		Po#:569178op				
		Special waste	28.52	TON	22.00	627.44
		Environmental fee	1.00	PCT	47.06	47.06
		Fuel surcharge	1.00	PCT	27.61	27.61
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1171				
		Ticket total				702.11
06/11/10	269388	Veh#:437				
		Po#:569178op				
		Special waste	24.47	TON	22.00	538.34
		Environmental fee	1.00	PCT	40.38	40.38
		Fuel surcharge	1.00	PCT	23.69	23.69
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1173				
		Ticket total				602.41
06/11/10	269389	Veh#:3087				

From everyday collection to environmental protection,
Think Green. Think Waste Management.

FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1



Service Location: 410-1514 Shaw E&I / Area B: Rt. 114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Po#: 569178op				
		Special waste	21.58	TON	22.00	474.76
		Environmental fee	1.00	PCT	35.61	35.61
		Fuel surcharge	1.00	PCT	20.89	20.89
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1174				
		Ticket total				531.26
06/17/10	270034	Veh#: 126				
		Po#: 569178op				
		Special waste	24.46	TON	22.00	538.12
		Environmental fee	1.00	PCT	40.36	40.36
		Fuel surcharge	1.00	PCT	23.46	23.46
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1169				
		Ticket total				601.94
		Central billed nat'l				0.00
Total Current Charges						41,434.05

Payments Received Detail

06/15/2010 Payment - thank you	17,188.00-
--------------------------------	------------

Total Payments Received	17,188.00-
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Amelia Landfill
20221 Maplewood Rd
Jettersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268011

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/01/2010 Vehicle# 455 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1094 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/01/2010 08:33:24	Inbound	judy		Tare	74780 lb 29240 lb
Out	06/01/2010 09:01:20	Outbound	judy		Net	45540 lb
					Tons	22.77

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.77	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

John E. Dyer # 455



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1
Radford, VA 24143**

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE:

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114
Radford, VA 24141**

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area B**

h) Disposal Volume: **(1) Load**

_____ Tons _____ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable, ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

☒ T ☒ R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

8 MAY 27, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **55-755PY/VA**

e) Trailer or Container No.: **3455/44**

f) Name of Driver: **J. A. N.**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
05/27/2010

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **A. Arnold**

f) The material delivered by the Transporter has been received at the Disposal Facility. **A. Arnold 5-1-10**

Signature of Driver _____ Date of Receipt _____

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268060

Customer Name: Shaw E and I (Area B) Shaw E Carrier: THOMPSON Thompson trucking, Inc.
Ticket Date: 06/01/2010 Vehicle# 432 Volume
Payment Type: Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1104 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/01/2010 11:14:30	Inbound	judy		Tare	82600 lb
Out	06/01/2010 11:39:37	Outbound	judy		Net	29740 lb
					Tons	52860 lb
						26.43

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.43	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Taut



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons _____ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
OP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

June 1, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-144PY/VA**
e) Trailer or Container No.: **3432186**
f) Name of Driver: **BARRY TARTER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] **6/1/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd; Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *[Signature]*
f) The material delivered by the Transporter has been received at the Disposal Facility:
[Signature] **5-1-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)

Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268064

Customer Name Shaw E and I. (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/01/2010 Vehicle# 437 Volume
Payment Type Credit Account Container.
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1105 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/01/2010 11:31:10	Inbound	judy		Tare	86880 lb
Out	06/01/2010 11:54:46	Outbound	judy		Net	29860 lb
					Tons	57020 lb
						28.51

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	28.51	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

BRUCE 437

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

June 1, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **65-537 PY/VA**
e) Trailer or Container No.: **3437129**
f) Name of Driver: **X**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
James Hampton **06/01/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
James Hampton **6-1-10**
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) *J. Acord*
f) The material delivered by the Transporter has been received at the Disposal Facility:
J. Acord **6-1-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility:
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268086

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/01/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1106 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/01/2010 12:53:15	Inbound	judy		Tare	80220 lb 31960 lb
Out	06/01/2010 13:09:13	Outbound	judy		Net	48260 lb
					Tons	24.13

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.13	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

B. L. Smith 422



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

1106

GENERATOR INFORMATION (generator to complete)

- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type)


Signature of Generator's Authorized Agent

Shipment Date June 1, 2010

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|-----------------|
| Signature of Driver | Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |
| Signature of Driver | Date of Receipt |

DESTINATION - (Disposal Facility)

- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

- f) Responsible Agency Name and Address: _____
 Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268091

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/01/2010 Vehicle# 135 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1107 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/01/2010 13:06:59	Inbound	judy		Tare	83780 lb 29920 lb
Out	06/01/2010 13:28:40	Outbound	judy		Net	53860 lb
					Tons	26.93

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.93	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Henry Korman 3135



135

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
____ Tons ____ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ____ % Friable
☐ Non-Friable ☐ N/A ____ % non-Friable

n) Type of Containers:

☒ T ☒ R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June 1, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **13-193PY/VA**
e) Trailer or Container No.: **3135154**
f) Name of Driver: **MARY KORN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Mary Korn** Date of Receipt **06/01/10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Dancy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Dancy 5-1-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268092

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/01/2010 Vehicle# 3087 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1108 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/01/2010 13:08:54	Inbound	judy		Tare	82080 lb
Out	06/01/2010 13:34:41	Outbound	judy		Net	28520 lb
					Tons	53560 lb
						26.78

Comments

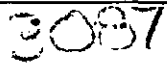
Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.78	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

3087 *Richard B. Patel*





Manifest No. **1108**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

TRANSFER FACILITY - (complete if applicable)

- Signature of Driver

Date of Receipt _____

DESTINATION - (Disposal Facility)

- Signature of Driver _____

Date of Receipt _____

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268143

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 153 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1111 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	70420 lb
In	06/02/2010 07:10:23	Inbound	judy		Tare	26340 lb
Out	06/02/2010 07:25:38	Outbound	judy		Net	44080 lb
					Tons	22.04

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.04	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Davis

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: Alliant Techsystems, Inc.</p> <hr/> <p>b) Generator's Address: P.O. Box 1
Radford, VA 24143</p> <hr/> <p>c) Generator's Representative: Jeremy Flint</p> <hr/> <p>d) Telephone Number: (540) 639-7668</p> <hr/> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <hr/> <p>f) Common Name of Waste: Lead Contaminated Soil</p> <hr/> <p>g) Description of Waste: SWMU 54 - Area B</p> <hr/> <p>h) Disposal Volume: (1) Load</p> <hr/> <p>_____ Tons _____ Cubic Yards ☒ Other, 1 Load</p> <hr/> <p>i) Number of Containers: One</p> <hr/> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): Alliant Techsystems, Inc.</p> <hr/> <p>l) Address: Route 114
Radford, VA 24141</p> <hr/> <p>m) Telephone Number: (540) 639-7631</p> <hr/> <p>n) ASBESTOS ONLY - ☐ Friable, ☐ Both, _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable</p> <hr/> <p>o) Type of Containers:</p> <div style="display: flex; align-items: center;"> T R <div style="border: 1px solid black; padding: 5px; flex-grow: 1;"> <p style="text-align: center; margin-top: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> </div> |
|---|--|

H. R. ELANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY: (complete if applicable)

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 16-241 P/VA
e) Trailer or Container No.: 3153
f) Name of Driver: Donnie Dawson
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Donnie Dawson 06/01/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---------------------|-----------------|
| _____ | _____ |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-861-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) **J. Landry**
- f) The material delivered by the Transporter has been received at the
Disposal Facility. **J. Landry 6-2-10**
- Signature of Driver: _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

¹ "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (printType)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268144

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 460 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1112 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/02/2010 07:11:40	Inbound	judy		Tare	69620 lb 26360 lb
Out	06/02/2010 07:29:43	Outbound	judy		Net	43260 lb
					Tons	21.63

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.63	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



467

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**

i) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

e) WASTE MANAGEMENT APPROVAL CODE

1 0 1 7 7 0 V A

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June
2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-244P/VA**
e) Trailer or Container No.: **34160**
f) Name of Driver: **Tony Wheeler**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
6/2/10
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **25083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Droucher**
f) The material delivered by the Transporter has been received at the Disposal Facility. **6-2-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____

c) Telephone Number: () _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268156

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 3578 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1110 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/02/2010 07:40:37	Inbound	judy		Tare	69080 lb 25900 lb
Out	06/02/2010 07:56:28	Outbound	judy		Net	43180 lb
					Tons	21.59

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.59	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





Manifest No. 1110

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: Alliant Techsystems, Inc.
- b) Generator's Address: P.O. Box 1
Radford, VA 24143
- c) Generator's Representative: Jeremy Flint
- d) Telephone Number: (540) 639-7668
- e) WASTE MANAGEMENT APPROVAL CODE
- | | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|
- f) Common Name of Waste: Lead Contaminated Soil
- g) Description of Waste: SWMU 54 - Area B
- h) Disposal Volume: (1) Load
- _____ Tons _____ Cubic Yards ☒ Other 1 Load
- i) Number of Containers: One
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
- _____
- | | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|
- m) Asbestos ONLY -
- ☐ Friable; ☐ Both; _____ % Friable
- ☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:
- | | |
|---|---|
| T | R |
|---|---|
- TYPE OF CONTAINERS
- TR - Truck
- DM - Metal Drum
- DP - Plastic Drum
- BA - Bag
- BB - 6 mil. Plastic Bag
- BC - 12 mil. Plastic Bag

HP Shankar
Signature of Generator's Authorized Agent

June
~~APR 2010~~ | , 2010
Shipment Date

TRANSFER FACILITY (complete if applicable)

- | | |
|---|--|
| <p>a) Transporter's Name: <u>Thompson Trucking</u></p> <p>b) Transporter's Address: <u>PO Box 969, Concord, VA</u></p> <p>c) Telephone Number: <u>(434) 610-0508</u></p> <p>d) Vehicle License No./State: <u>110-230P/VA</u></p> <p>e) Trailer or Container No.: <u>3578</u></p> <p>f) Name of Driver: <u>Reginald Franklin</u></p> <p>g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 <u>[Signature]</u> <u>06/01/10</u>
 Signature of Driver Date of Receipt</p> <p>h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt</p> | <p>a) Transfer Facility's Name: _____</p> <p>b) Transfer Facility's Address: _____</p> <p>c) Telephone Number: () _____</p> <p>d) Vehicle License No./State: _____</p> <p>e) Trailer or Container No.: _____</p> <p>f) Name of Driver: _____</p> <p>g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

 Signature of Driver Date of Receipt</p> <p>h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

 Signature of Driver Date of Receipt</p> |
|---|--|

DESTINATION - (Disposal Facility)

- | | |
|---|---|
| a) Transporter's Name: _____ | a) Disposal Facility's Name: <u>Amelia Landfill</u> |
| b) Transporter's Address: _____ | b) Physical Address: <u>20221 Maplewood Rd, Jetersville VA</u> |
| c) Telephone Number: () _____ | c) Telephone Number: <u>804-561-6111</u> <u>23083</u> |
| d) Vehicle License No./State: _____ | d) Mailing Address: <u>Same</u> |
| e) Trailer or Container No.: _____ | e) Name of Disposal Facility's
Authorized Agent (print/type) <u>J. A. Landfill</u> |
| f) Name of Driver: _____ | f) The material delivered by the Transporter has been received at the
Disposal Facility. <u>J. A. Landfill</u> <u>5.2.10</u> |
| g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below: | |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered
without incident or contamination on the date of delivery referenced
below. | |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility. | |

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
80224 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268164

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 455 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1109 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/02/2010 07:55:03	Inbound	judy		Tare	80480 lb 29320 lb
Out	06/02/2010 08:23:12	Outbound	judy		Net	51160 lb
					Tons	25.58

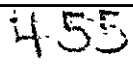
Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont-Soil Met-Tons	100	25.58	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

[Signature] #455



If waste is asbestos waste, complete all Sections.

1109

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC- 12 mil. Plastic Bag

[Handwritten Signature]
Signature of Generator's Authorized Agent

Shipment Date June 1, 2010

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-8111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's
Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the
Disposal Facility

Signature of Driver:	<i>[Signature]</i>	Date of Receipt:	6-2-10
----------------------	--------------------	------------------	--------

- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver _____ Date of Receipt _____

ASBESTOS (operator to complete)

a) Operator's Name: _____ c) Telephone Number: () _____

- | | | |
|------------------------------|--|------|
| Operator's Name (print/type) | Signature of Operator's Authorized Agent | Date |
|------------------------------|--|------|

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20224 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268219

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1113 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/02/2010 11:05:38	Inbound	judy		Tare	84460 lb
Out	06/02/2010 11:31:12	Outbound	judy		Net	29780 lb
					Tons	54680 lb
						27.34

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.34	Tons				vi
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tenth



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

1 0 1 7 7 0 V A

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: **SWMU 54 - Area B**h) Disposal Volume: **(1) Load**n) Type of Containers: **T R**Tons Cubic Yards **X** Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag**H. R. BLANKENSHIP**

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 2, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0808**d) Vehicle License No./State: **55-744 PY /VA**e) Trailer or Container No.: **3432/RD**f) Name of Driver: **X BORRY TARTER**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Borby Tarter** Date of Receipt **06/02/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-661-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type) **Amelia**f) The material delivered by the Transporter has been received at the Disposal Facility. **Amelia 6-2-10**

Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
etersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268220

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 145 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1114 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/02/2010 11:09:04	Inbound	judy		Tare	77260 lb 31300 lb
Out	06/02/2010 11:36:22	Outbound	judy		Net	45960 lb
					Tons	22.98

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.98	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Kurt Burt



145

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
Tons Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

June 2, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **105-570 PY /VA**
e) Trailer or Container No.: **3145/53**
f) Name of Driver: **X Keith Barber**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
H. R. Blankenship **06/02/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Scander**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Scander **6-2-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268258

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 187 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1115 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/02/2010 13:06:12	Inbound	judy		Tare	73580 lb 26140 lb
Out	06/02/2010 13:21:54	Outbound	judy		Net	47440 lb
					Tons	23.72

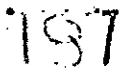
Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.72	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





Manifest No. **1115**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

j) Generating Location (Name): Alliant Techsystems, Inc.

k) Address: **Route 114**
Radford, VA 24141

I) Telephone Number: **(540) 639-7631**

I) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable

☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

E	P
---	---

TYPE OF CONTAINERS

n) Type of Containers:

E	P
---	---

TYPE OF CONTAINERS

n) Type of Containers:

E	P
---	---

TYPE OF CONTAINERS

n) Type of Containers:

E	P
---	---

TYPE OF CONTAINERS

Signature of Generator's Authorized Agent

June
~~SHIPPED~~ 2, 2010
Shipment Date

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____

a) Transfer Facility's Name: _____

a) Transfer Facility's Name: _____

a) Transfer Facility's Name: _____

a) Transfer Facility's Name: _____

a) Transfer Facility's Name: _____

a) Transfer Facility's Name: _____

a) Transfer Facility's Name: _____

a) Transfer Facility's Name: _____

a) Transfer Facility's Name: _____

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

ASBESTOS (operator to complete)

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

a) Disposal Facility's Name: **Amelia Landfill**

Date _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268259

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 166 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1116 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/02/2010 13:08:36	Inbound	judy		Tare	73880 lb
Out	06/02/2010 13:23:34	Outbound	judy		Net	25960 lb
					Tons	47920 lb
						23.96

Comments

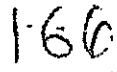
Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.96	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

A. Chilton

Total Fees
Total Ticket

Driver's Signature





Manifest No. 1116

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: Alliant Techsystems, Inc.
- b) Generator's Address: P.O. Box 1
Radford, VA 24143
- c) Generator's Representative: Jeremy Flint
- d) Telephone Number: (540) 839-7668
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--
- f) Common Name of Waste: Lead Contaminated Soil
- g) Description of Waste: SWMU 84 - Area B
- h) Disposal Volume: (1) Load
____ Tons ____ Cubic Yards ☒ Other 1 Load
- i) Number of Containers: One
- j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 839-7631
- m) Asbestos ONLY -

			1	0	1
--	--	--	---	---	---

7	7	0	V	A
---	---	---	---	---

☐ Friable; ☐ Both; ____ % Friable
☐ Non-Friable ☐ N/A ____ % non-Friable
- n) Type of Containers:

T	R
---	---
- | TYPE OF CONTAINERS |
|--------------------------|
| TR - Truck |
| DM - Metal Drum |
| DP - Plastic Drum |
| BA - Bag |
| BB - 6 mil. Plastic Bag |
| BC - 12 mil. Plastic Bag |

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June
~~ADDRESSEE~~ 2, 2010
Shipment Date

TRANSFER FACILITY - (complete if applicable)

- | | |
|--|--|
| a) Transporter's Name: <u>Thompson Trucking</u> | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: <u>PO Box 969, Concord, VA</u> | b) Transfer Facility's Address: _____ |
| c) Telephone Number: <u>(434) 610-0508</u> | c) Telephone Number: () _____ |
| d) Vehicle License No./State: <u>110-234 P / VA</u> | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: <u>31660</u> | e) Trailer or Container No.: _____ |
| f) Name of Driver: <u>* Anthony Chilton</u> | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
<u>* Anthony Chilton</u> <u>02/02/10</u> | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt |

DESTINATION - (Disposal Facility)

- | | | |
|---|---|---|
| a) Transporter's Name: | b) Disposal Facility's Name: Amelia Landfill | |
| b) Transporter's Address: | b) Physical Address: 20221 Maplewood Rd, Jetersville VA | |
| c) Telephone Number: () | c) Telephone Number: 804-661-6111 | 23083 |
| d) Vehicle License No./State: | d) Mailing Address: Same | |
| e) Trailer or Container No.: | e) Name of Disposal Facility's Authorized Agent (print/type) J. Armuchy | |
| f) Name of Driver: | f) The material delivered by the Transporter has been received at the Disposal Facility. J. Armuchy 6-2-10 | |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below: | | g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility. |
| Signature of Driver | Date of Receipt | Signature of Driver |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | | Date of Receipt |
| Signature of Driver | Date of Receipt | Signature of Driver |
| | | Date of Receipt |

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold) •



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268272

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1117 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/02/2010 13:48:54	Inbound	judy		Tare	77120 lb 32040 lb
Out	06/02/2010 14:07:15	Outbound	judy		Net	45080 lb
					Tons	22.54

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.54	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

[Signature] 422



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 64 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u> </u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> |
|---|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June
~~April~~ 02, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **14-860 XA / VA**
- e) Trailer or Container No.: **3422/25**
- f) Name of Driver: **X K L S L E D D S K**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X K L S L E D D S K **06/02/2010**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. Sanchez
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Sanchez 6-2-10
- Signature of Driver: _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Ticket# 268273

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/02/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1118 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	86520 lb
In	06/02/2010 13:52:20	Inbound	judy		Tare	31220 lb
Out	06/02/2010 14:12:45	Outbound	judy		Net	55300 lb
					Tons	27.65

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.65	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1		7	7
								0	V
									A
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
____ Tons ____ Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ____ % Friable
☐ Non-Friable ☐ N/A ____ % non-Friable
- n) Type of Containers:

T	R
---	---
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent**June 02, 2010**
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **65-395 PY /VA**
- e) Trailer or Container No.: **3197/54**
- f) Name of Driver: **Donna Richards**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Donna Richards **06/02/2010**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **25083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): *C. Boudier*
- f) The material delivered by the Transporter has been received at the Disposal Facility:
C. Boudier **6-2-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
29221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268303

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/03/2010 Vehicle# 153 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1121 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	72100 lb
In	06/03/2010 07:08:55	Inbound	judy		Tare	26180 lb
Out	06/03/2010 07:30:17	Outbound	judy		Net	45920 lb
					Tons	22.96

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.96	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Donnie Dawson

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	7	7	0
							V	A	
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons **_____** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- | |
|--------------------------|
| TYPE OF CONTAINERS |
| TR - Truck |
| DM - Metal Drum |
| DP - Plastic Drum |
| BA - Bag |
| BB - 6 mil. Plastic Bag |
| BC - 12 mil. Plastic Bag |

H. R. BLANEKSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June
APRIL 2, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-2418 / VA**
- e) Trailer or Container No.: **3153**
- f) Name of Driver: **Donnie Dawson**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Donnie Dawson 6-2-10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Dawson**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Dawson 6-3-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268304

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/03/2010 Vehicle# 460 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1120 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In.	06/03/2010 07:10:09	Inbound	judy		Tare	71620 lb
Out	06/03/2010 07:34:10	Outbound	judy		Net	26240 lb
					Tons	45380 lb
						22.69

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.69	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

**JUNE
APRIL 2, 2010**

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-244 P/VA**
e) Trailer or Container No.: **3460**
f) Name of Driver: **X Terry Wheeler**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X June 2, 2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **S. S. S. S.**
f) The material delivered by the Transporter has been received at the Disposal Facility.
S. S. S. S. 6-3-10
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268317

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/03/2010 Vehicle# 3578 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1122 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/03/2010 07:38:36	Inbound	judy		Tare	65100 lb 25800 lb
Out	06/03/2010 07:54:08	Outbound	judy		Net	39300 lb
					Tons	19.65

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.65	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1		7	7
								0	V
								A	
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons **_____** Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
- n) Type of Containers: **T R**
- | | |
|--------------------|---------------------|
| TYPE OF CONTAINERS | |
| TR | Truck |
| DM | Metal Drum |
| DP | Plastic Drum |
| BA | Bag |
| BB | 6 mil. Plastic Bag |
| BC | 12 mil. Plastic Bag |
- h) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H.R. Blankenship
Signature of Generator's Authorized AgentJune 2, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-230 P / VA**
- e) Trailer or Container No.: **3578**
- f) Name of Driver: **Res: wald Frankl.**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] **6-2-10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **[Signature]** **6-3-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type),

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268393

Customer Name Shaw E and I (Area B) Shaw E/ Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/03/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1124 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/03/2010 11:36:45	Inbound	judy		Tare	78100 lb
Out	06/03/2010 11:57:53	Outbound	judy		Net	31180 lb
					Tons	46920 lb
						23.46

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont. Soil Met-Tons	100	23.46	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

197

NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1124

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u> </u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) ASBESTOS ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- | | |
|---|---|
| a) Transporter's Name: Thompson Trucking | a) Transfer Facility's Name: _____ |
| b) Transporter's Address: PO Box 969, Concord, VA | b) Transfer Facility's Address: _____ |
| c) Telephone Number: (434) 610-0508 | c) Telephone Number: () _____ |
| d) Vehicle License No./State: 65-395 PY / VA | d) Vehicle License No./State: _____ |
| e) Trailer or Container No.: 3197 / 54 | e) Trailer or Container No.: _____ |
| f) Name of Driver: A Craig Nicholson | f) Name of Driver: _____ |
| g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
A. Craig Nicholson 06/03/10 | g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt |
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt | h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt |

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- | | |
|---|--|
| a) Transporter's Name: _____ | a) Disposal Facility's Name: Amelia Landfill |
| b) Transporter's Address: _____ | b) Physical Address: 20221 Maplewood Rd, Jetersville VA |
| c) Telephone Number: () _____ | c) Telephone Number: 804-561-6111 23083 |
| d) Vehicle License No./State: _____ | d) Mailing Address: Same |
| e) Trailer or Container No.: _____ | e) Name of Disposal Facility's
Authorized Agent (print/type) <i>J. Drouchy</i> |
| f) Name of Driver: _____ | f) The material delivered by the Transporter has been received at the
Disposal Facility. <i>J. Drouchy 5-2-10</i> |
| g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below: | g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility. |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |
| h) I hereby warrant that the above described material was delivered
without incident or contamination on the date of delivery referenced
below. | |
| Signature of Driver _____ Date of Receipt _____ | Signature of Driver _____ Date of Receipt _____ |

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
22221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268420

Customer Name	Shaw E and I (Area B) Shaw E	Carrier	THOMPSON Thompson trucking, Inc.
Ticket Date	06/03/2010	Vehicle#	166
Payment Type	Credit Account	Volume	
Manual Ticket#		Container	
Hauling Ticket#		Driver	
Route		Check#	
State Waste Code		Billing #	0001514
Manifest	1125	Gen EPA ID	
Destination		Grid	
PD	1) 5691780P 2) 5691780P 3) 5691780P		
Profile	101770VA (Non Hazardous Soils)		
Generator	185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)		

	Time	Scale	Operator	Inbound	Gross	
In	06/03/2010 13:08:34	Inbound	judy		Tare	71640 lb
Out	06/03/2010 13:22:02	Outbound	judy		Net	25980 lb
					Tons	45660 lb
						22.83

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.83	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

A. Chilton

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐f) Common Name of Waste: **Lead Contaminated Soil**

m) Asbestos ONLY -

☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area B**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**

n) Type of Containers:

☒ T ☒ R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

☐ Tons ☐ Cubic Yards ☒ Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June 3, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **10-234P VA**e) Trailer or Container No.: **311do**f) Name of Driver: **Anthony Chilton**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **Anthony Chilton** Date of Receipt **06/03/10**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: ()

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20281 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111**d) Mailing Address: **Same**

e) Name of Disposal Facility's

Authorized Agent (print/type) **J. Schirmer**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver

Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

c) Telephone Number: ()

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268428

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/03/2010 Vehicle# 437 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1126 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/03/2010 13:47:19	Inbound	judy		Tare	70120 lb
Out	06/03/2010 14:13:20	Outbound	judy		Net	29900 lb
					Tons	40220 lb
						20.11

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.11	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bruce
437

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
OM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag.
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards **X** Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

June 3, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **05-537 PY/VA**
e) Trailer or Container No.: **3437/29**
f) Name of Driver: **X**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
James Thompson **06/03/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
James Thompson
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *J. Sander*
f) The material delivered by the Transporter has been received at the Disposal Facility. *J. Sander* **6-3-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268429

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/03/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1127 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	78920 lb
In	06/03/2010 13:51:16	Inbound	judy		Tare	31420 lb
Out	06/03/2010 14:17:30	Outbound	judy		Net	47500 lb
					Tons	23.75

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.75	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|---|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 839-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 64 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u> </u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY - Friable; Both; <u> </u> % Friable
 Non-Friable N/A <u> </u> % non-Friable</p> <p>n) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|---|--|

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June
~~SHARPE~~ 3, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 76-81X PY/VA
e) Trailer or Container No: 3357/26
f) Name of Driver: X WILLIAM F. KREIT
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X WILLIAM F. KREIT 06/03/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered *without incident or contamination on the date of delivery referenced below.*
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20231 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-8111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type) **J. Krouder**
- f) The material delivered by the Transporter has been received at the
Disposal Facility. **J. Krouder** **6-3-10**
- (Signature of Driver _____ Date of Receipt _____)
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- (Signature of Driver _____ Date of Receipt _____)

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268476

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/04/2010 Vehicle# 161 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1129 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/04/2010 07:20:13	Inbound	judy		Tare	81020 lb 27220 lb
Out	06/04/2010 07:39:59	Outbound	judy		Net	53800 lb
					Tons	26.90

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.90	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

K. McElroy 161



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

HP Allen Blankenship
Signature of Generator's Authorized Agent

June 3, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-232P VA**
e) Trailer or Container No.: **3161**
f) Name of Driver: **Ken McCullough**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Ken McCullough **06/03/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Ken McCullough **6-4-10**
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268534

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/04/2010 Vehicle# 145 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1130 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/04/2010 09:45:47	Inbound	judy		Tare	82280 lb 31320 lb
Out	06/04/2010 10:05:41	Outbound	judy		Net	50960 lb
					Tons	25.48

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.48	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Kurt Band



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7688**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

____ Tons ____ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

HP Blankenship
Signature of Generator's Authorized Agent

June 13, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-570PY IVA**
e) Trailer or Container No.: **3145/53**
f) Name of Driver: **X Keith R. Lacy**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Keith R. Lacy *06/03/2010*
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *J. L. Lacy*
f) The material delivered by the Transporter has been received at the Disposal Facility. *J. L. Lacy* *6-4-10*
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Gettysville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268550

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/04/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1128 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/04/2010 10:50:37	Inbound	judy		Tare	75720 lb 32160 lb
Out	06/04/2010 11:10:33	Outbound	judy		Net	43560 lb
					Tons	21.78

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.78	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

[Handwritten Signature]
422



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

i) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent (print/type)

Signature of Generator's Authorized Agent

Shipment Date

3, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **14-860 A / VA**
e) Trailer or Container No.: **2422 / 25**
f) Name of Driver: **B. L. S. L. / 1712 SR**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **[Signature]** Date of Receipt **6-3-10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **[Signature]** Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
f) The material delivered by the Transporter has been received at the Disposal Facility: **[Signature]** **6-4-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268560

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/04/2010 Vehicle# 437 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1132 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/04/2010 11:34:57	Inbound	judy		Tare	78800 lb 29860 lb
Out	06/04/2010 11:57:55	Outbound	judy		Net	48940 lb
					Tons	24.47

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.47	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Boyce
437



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 839-7868**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
OP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 4, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-537 PY/VA**
e) Trailer or Container No.: **3437129**
f) Name of Driver: **X**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X **Rene Hulman** **06/04/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Rene Hulman **6-4-10**
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20381 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **J. Stanley**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Stanley** **6-4-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268561

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/04/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1131 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/04/2010 11:36:30	Inbound	judy		Tare	73080 lb 31160 lb
Out	06/04/2010 12:01:27	Outbound	judy		Net	41920 lb
					Tons	20.96

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.96	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Craig Phelps

19,9th





Manifest No. **1131**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- | | |
|----------|----------|
| T | R |
|----------|----------|

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag


Signature of Generator's Authorized Agent

Shipment Date April 4, 2010

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20321 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-661-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. L. Boudin
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. L. Boudin 6-4-11
- Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver Date of Receipt

ASBESTOS (operator to complete)

Operator's Name (print/type) _____ Signature of Operator's Authorized Agent _____ Date _____

- Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268583

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/04/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# -Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1133 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	83120 lb
In	06/04/2010 12:58:48	Inbound	judy		Tare	29680 lb
Out	06/04/2010 13:22:32	Outbound	judy		Net	53440 lb
					Tons	26.72

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.72	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surchang	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tull

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
Tons Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H.R. Blankenship
Signature of Generator's Authorized Agent

Shipment Date

June 4, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-744PY/VA**
e) Trailer or Container No.: **3432-BG**
f) Name of Driver: **X KERRY TARTER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Kerry Tarter **06/04/2010**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. L. L. L.**
f) The material delivered by the Transporter has been received at the Disposal Facility:
C. J. D. D. **6-4-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Leesville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268584

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/04/2010 Vehicle# 3087 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1134 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/04/2010 13:00:28	Inbound	judy		Tare	73600 1b
Out	06/04/2010 13:30:37	Outbound	judy		Net	28520 1b
					Tons	45080 1b
						22.54

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.54	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Richard Bratton
#3087



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268595

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/04/2010 Vehicle# 110 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1135 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	74440 lb
In	06/04/2010 13:34:01	Inbound	judy		Tare	31200 lb
Out	06/04/2010 13:54:26	Outbound	judy		Net	43240 lb
					Tons	21.62

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.62	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p>_____ Tons _____ Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
 ☐ Non-Friable ☐ N/A _____ % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 4, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 05-394 PY /VA
e) Trailer or Container No.: 3110226
f) Name of Driver: William Rickett
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
William Rickett 06/04/2010
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY: (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's
Authorized Agent (print/type): **J. J. J. J. J.**
- f) The material delivered by the Transporter has been received at the
Disposal Facility. **6.4-10**
- Signature of Driver: **[Signature]** Date of Receipt: **6.4-10**
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver: _____ Date of Receipt: _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Agelia Landfill
400221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268602

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/04/2010 Vehicle# 135 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1136 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/04/2010 14:05:32	Inbound	judy		Tare	83600 lb
Out	06/04/2010 14:22:43	Outbound	judy		Net	29800 lb
					Tons	53800 lb
						26.90

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.90	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Mary Korn - 3.55*



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | | | | | | | | |
|---|---|--------------------|---|------------|--|-----------------|--|-------------------|--|----------|--|-------------------------|--|--------------------------|--|
| a) Generator's Name: <u>Alliant Techsystems, Inc.</u> | j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u> | | | | | | | | | | | | | | |
| b) Generator's Address: <u>P.O. Box 1</u>
<u>Radford, VA 24143</u> | k) Address: <u>Route 114</u>
<u>Radford, VA 24141</u> | | | | | | | | | | | | | | |
| c) Generator's Representative: <u>Jeremy Flint</u> | l) Telephone Number: <u>(540) 639-7631</u> | | | | | | | | | | | | | | |
| d) Telephone Number: <u>(540) 639-7668</u> | | | | | | | | | | | | | | | |
| e) WASTE MANAGEMENT APPROVAL CODE | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| f) Common Name of Waste: <u>Lead Contaminated Soil</u> | m) Asbestos ONLY - | | | | | | | | | | | | | | |
| g) Description of Waste: <u>SWMU 54 - Area B</u> | ☐ Friable; ☐ Both; _____ % Friable | | | | | | | | | | | | | | |
| h) Disposal Volume: <u>(1) Load</u> | ☐ Non-Friable ☐ N/A _____ % Non-Friable | | | | | | | | | | | | | | |
| _____ Tons _____ Cubic Yards ☒ Other <u>1 Load</u> | n) Type of Containers: | | | | | | | | | | | | | | |
| i) Number of Containers: <u>One</u> | <table border="1"> <tr> <td>T</td> <td>R</td> </tr> </table> | T | R | | | | | | | | | | | | |
| T | R | | | | | | | | | | | | | | |
| o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below. | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">TYPE OF CONTAINERS</td> </tr> <tr> <td colspan="2">TR - Truck</td> </tr> <tr> <td colspan="2">DM - Metal Drum</td> </tr> <tr> <td colspan="2">DP - Plastic Drum</td> </tr> <tr> <td colspan="2">BA - Bag</td> </tr> <tr> <td colspan="2">BB - 6 mil. Plastic Bag</td> </tr> <tr> <td colspan="2">BC - 12 mil. Plastic Bag</td> </tr> </table> | | TYPE OF CONTAINERS | | TR - Truck | | DM - Metal Drum | | DP - Plastic Drum | | BA - Bag | | BB - 6 mil. Plastic Bag | | BC - 12 mil. Plastic Bag | |
| TYPE OF CONTAINERS | | | | | | | | | | | | | | | |
| TR - Truck | | | | | | | | | | | | | | | |
| DM - Metal Drum | | | | | | | | | | | | | | | |
| DP - Plastic Drum | | | | | | | | | | | | | | | |
| BA - Bag | | | | | | | | | | | | | | | |
| BB - 6 mil. Plastic Bag | | | | | | | | | | | | | | | |
| BC - 12 mil. Plastic Bag | | | | | | | | | | | | | | | |

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **13-193PY/VA**
e) Trailer or Container No.: **3135-54**
f) Name of Driver: **ARY K. L. L.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
06/04/2010
Signature of Driver **ARY K. L. L.** Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
PH: (804) 561-5787

Original
Ticket# 268655

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 160 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1138 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	71440 lb
In	06/07/2010 07:16:29	Inbound	judy		Tare	25960 lb
Out	06/07/2010 07:36:01	Outbound	judy		Net	45480 lb
					Tons	22.74

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.74	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

C. Cook



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

____ Tons ____ Cubic Yards ☒ Other **1 Load**

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

June 4, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-236 P/VA**
e) Trailer or Container No.: **3116D**
f) Name of Driver: **Chris Cook**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] **06/04/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Acord**
f) The material delivered by the Transporter has been received at the Disposal Facility.
[Signature] **6-7-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268656

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 460 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1139 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	71840 lb
In	06/07/2010 07:19:48	Inbound	judy		Tare	26280 lb
Out	06/07/2010 07:38:47	Outbound	judy		Net	45560 lb
					Tons	22.78

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.78	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
Tons **Cubic Yards** **X Other 1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

June 4, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **10-244P/VA**
e) Trailer or Container No.: **34160**
f) Name of Driver: **Jimmy White**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
06/04/10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **S. Scandey**
f) The material delivered by the Transporter has been received at the Disposal Facility. **Signature of Driver** **Date of Receipt**
6-7-10
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268659

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1140 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	70360 lb
In	06/07/2010 07:25:29	Inbound	judy		Tare	32200 lb
Out	06/07/2010 07:52:24	Outbound	judy		Net	38160 lb
					Tons	19.08

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.08	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

B. L. L. 422



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1
Radford, VA 24143**

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114
Radford, VA 24141**

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area B**

h) Disposal Volume: **(1) Load**

_____ Tons _____ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 4, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **14-860 XA /VA**

e) Trailer or Container No.: **3422 /25**

f) Name of Driver: **X**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
6/15/2010 **06/04/2010**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver **Date of Receipt**
6/15/2010 **06/04/2010**

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-561-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **J. S. Sweeney**

f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
6-7-10

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

b) Operator's Address: _____

c) Telephone Number: () _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Agelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268663

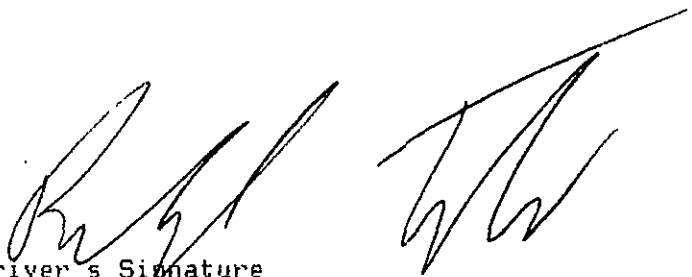
Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 3578 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1137 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/07/2010 07:38:11	Inbound	judy		Tare	66960 lb 25760 lb
Out	06/07/2010 08:00:05	Outbound	judy		Net	41200 lb
					Tons	20.60

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.60	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket


Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**j) Generating Location (Name): **Alliant Techsystems, Inc.**b) Generator's Address: **P.O. Box 1
Radford, VA 24143**k) Address: **Route 114
Radford, VA 24141**c) Generator's Representative: **Jeremy Flint**l) Telephone Number: **(540) 639-7631**d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friableg) Description of Waste: **SWMU 54 - Area B**☐ Non-Friable ☐ N/A ☐ % non-Friableh) Disposal Volume: **(1) Load**n) Type of Containers: **T R****TYPE OF CONTAINERS**
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag____ Tons ____ Cubic Yards **X** Other **1 Load**i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANEKSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June 4, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**b) Transporter's Address: **PO Box 969, Concord, VA**c) Telephone Number: **(434) 610-0508**d) Vehicle License No./State: **110-230P/VA**e) Trailer or Container No.: **3578**f) Name of Driver: **Reginald Franklin**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver **06/04/2010** Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY- (complete if applicable)

a) Transfer Facility's Name: _____

b) Transfer Facility's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**b) Physical Address: **20221 Maplewood Rd, Jetersville VA**c) Telephone Number: **804-561-6111** **23083**d) Mailing Address: **Same**e) Name of Disposal Facility's Authorized Agent (print/type): **J. Franklin**

f) The material delivered by the Transporter has been received at the Disposal Facility.

Signature of Driver **5-7-10** Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____

c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268743

Customer Name Shaw E and I. (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 115 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1142 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/07/2010 11:47:21	Inbound	JUDY		Tare	73960 lb 32200 lb
Out	06/07/2010 12:07:20	Outbound	JUDY		Net	41760 lb
					Tons	20.88

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.88	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Lowe



115

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

**JUNE
APRIL 7, 2010**

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0608**
d) Vehicle License No./State: **55-7305/VA**
e) Trailer or Container No.: **3115/23**
f) Name of Driver: **Roy Lowe**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
R. Roy Lowe **6-7-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20321 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **J. Scumley**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Scumley **6-7-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Hattersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268744

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1141 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	75060 lb
In	06/07/2010 11:49:46	Inbound	JUDY		Tare	31140 lb
Out	06/07/2010 12:13:17	Outbound	JUDY		Net	43920 lb
					Tons	21.96

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.96	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Craig Kehal 1977

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANEKSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blaneckship
Signature of Generator's Authorized Agent

JUNE
APRIL **7**, **2010**
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **65-3956/VA**
e) Trailer or Container No.: **2197/54**
f) Name of Driver: **X Craig M. Anderson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Craig M. Anderson **6-7-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Brandy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **A. Brandy 6-7-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
22221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268770

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 3087 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1143 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/07/2010 12:59:45	Inbound	JUDY		Tare	86400 1b 28540 1b
Out	06/07/2010 13:36:18	Outbound	judy		Net	57860 1b 28.93

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	28.93	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Handwritten signature: #3087 [Signature]



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards **X** Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 7, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **64-954 F/VA**
e) Trailer or Container No.: **3087/A3**
f) Name of Driver: **LEAHN D. ADAMS**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
LEAHN D. ADAMS **6-7-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
etersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268775

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1147 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/07/2010 13:11:09	Inbound	JUDY		Tare	75360 lb 31240 lb
Out	06/07/2010 13:29:12	Outbound	judy		Net	44120 lb
					Tons	22.06

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.06	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 839-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
____ Tons ____ Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	____ % Friable
☐ Non-Friable	☐ N/A	____ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANEKSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 7, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **76-800 PY / VA**
- e) Trailer or Container No.: **3357-26 / Y**
- f) Name of Driver: **William B. ...**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
6/7/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **C. L. ...**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **Signature of Driver** **Date of Receipt**
6-7-10
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
etersville, VA, 23063
Ph: (804) 561-5787

Original
Ticket# 268777

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 126 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1144 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	85680 lb
In	06/07/2010 13:17:56	Inbound	JUDY		Tare	30160 lb
Out	06/07/2010 13:40:12	Outbound	judy		Net	55520 lb
					Tons	27.76

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	27.76	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Taut

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

JULY 7, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-7448/VA**
e) Trailer or Container No.: **3432 / 86**
f) Name of Driver: **BORRY TARTER**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Borrey Tarter **6-2-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Dondley**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Dondley **6-7-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268778

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/07/2010 Vehicle# 135 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1146 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Time	Scale	Operator	Inbound	Gross	
In 06/07/2010 13:20:03	Inbound	JUDY		Tare	82660 lb
Out 06/07/2010 13:42:11	Outbound	judy		Net	29880 lb
				Tons	52780 lb
					26.39

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	26.39	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Korman 3135



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
____ Tons ____ Cubic Yards ☒ Other: **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; ____ % Friable
☐ Non-Friable ☐ N/A ____ % non-Friable

- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized Agent

June 7, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **13-193 PY /VA**
- e) Trailer or Container No.: **3135-54**
- f) Name of Driver: **ALAN KENNEDY**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
[Signature] **06/07/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **[Signature]** **6-7-10**

Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268830

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/08/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1148 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 105-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	77120 lb
In	06/08/2010 07:19:20	Inbound	judy		Tare	32180 lb
Out	06/08/2010 07:40:44	Outbound	judy		Net	44940 lb
					Tons	22.47

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.47	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

B. Blush
422





NON-HAZARDOUS WASTE MANIFEST

Manifest No. 1148

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: Alliant Techsystems, Inc.j) Generating Location (Name): Alliant Techsystems, Inc.b) Generator's Address: P.O. Box 1
Radford, VA 24143k) Address: Route 114
Radford, VA 24141c) Generator's Representative: Jeremy Flintl) Telephone Number: (540) 639-7631d) Telephone Number: (540) 639-7668

e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: Lead Contaminated Soilm) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friableg) Description of Waste: SWMU 54 - Area Bn) Type of Containers: T Rh) Disposal Volume: (1) Load**TYPE OF CONTAINERS**
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag23 Tons Cubic Yards ☒ Other 1 Loadi) Number of Containers: One

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

[Signature]
Signature of Generator's Authorized AgentJUNE 7, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: Thompson Truckingb) Transporter's Address: PO Box 969, Concord, VAc) Telephone Number: (434) 610-0508d) Vehicle License No./State: 14-860 A / VAe) Trailer or Container No.: 3422 / 25f) Name of Driver: K. S. F. D. S. D.

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

[Signature] 6-7-10
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: b) Transfer Facility's Address: c) Telephone Number: () d) Vehicle License No./State: e) Trailer or Container No.: f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: b) Transporter's Address: c) Telephone Number: () d) Vehicle License No./State: e) Trailer or Container No.: f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: Amelia Landfillb) Physical Address: 20221 Maplewood Rd, Jetersville VAc) Telephone Number: 804-561-6111 23083d) Mailing Address: Samee) Name of Disposal Facility's Authorized Agent (print/type) [Signature]f) The material delivered by the Transporter has been received at the Disposal Facility. [Signature] 6-8-10
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: () b) Operator's Address: d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)
Signature of Operator's Authorized Agent
Datef) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268831

Customer Name Shaw E and L (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/08/2010 Vehicle# 427 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1095 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/08/2010 07:20:36	Inbound	judy		Tare	85480 lb
Out	06/08/2010 08:21:15	Outbound	judy		Net	28660 lb
					Tons	56820 lb
						28.41

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	28.41	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons _____ Cubic Yards ☒ Other, 1 Load

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

MAY 27, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **7A-183 PY /VA**
e) Trailer or Container No.: **3442 /20**
f) Name of Driver: **x Fr. Fall**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt** **05/27/2010**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver **Date of Receipt**

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **A. Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility: **A. Landfill** **5-8-10**
Signature of Driver **Date of Receipt**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver **Date of Receipt**

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268853

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/08/2010 Vehicle# 247 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1150 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/08/2010 08:12:50	Inbound	judy		Tare	68440 lb 31760 lb
Out	06/08/2010 08:31:39	Outbound	judy		Net	36680 lb
					Tons	18.34

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.34	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **11-671 A / VA**
- e) Trailer or Container No.: **3247 / 152**
- f) Name of Driver: **Shannon Richardson**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Shannon Richardson **6-7-10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY- (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sanchez**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Sanchez** **6-8-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268874

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/08/2010 Vehicle# 145 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1149 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/08/2010 09:05:51	Inbound	judy		Tare	73020 lb 31180 lb
Out	06/08/2010 09:35:59	Outbound	judy		Net	41840 lb
					Tons	20.92

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.92	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Kend Butts





NON-HAZARDOUS WASTE MANIFEST

Manifest No. **1149**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **23** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H.R. Blankenship
Signature of Generator's Authorized Agent

APRIL 7, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-4435/VA**
e) Trailer or Container No.: **3116/53**
f) Name of Driver: **Keith B. Lyle**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
K. B. Lyle **6-7-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268908

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/08/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1152 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/08/2010 11:28:35	Inbound	judy		Tare	73740 lb 31140 lb
Out	06/08/2010 11:46:35	Outbound	judy		Net	42600 lb
					Tons	21.30

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.30	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Craig Lebed 197#



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 8 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-295F / VA**
e) Trailer or Container No.: **2197 / 54**
f) Name of Driver: **Clara D. Henderson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **6-8-10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sweeney**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Sweeney 6-8-10**
Signature of Driver **Date of Receipt**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268926

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/08/2010 Vehicle# 135 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1153 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	80160 lb
In	06/08/2010 12:51:05	Inbound	judy		Tare	29880 lb
Out	06/08/2010 13:11:42	Outbound	judy		Net	50280 lb
					Tons	25.14

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.14	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Korman 3135





If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

1153

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
- | | | | | |
|--|--|---|---|---|
| | | 1 | 0 | 1 |
| | | 7 | 7 | 0 |
| | | V | A | |
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:

T	R
---	---

 TYPE OF CONTAINERS

TYPE OF CONTAINERS	
TR -	Truck
DM -	Metal Drum
DP -	Plastic Drum
BA -	Bag
BB -	6 mil. Plastic Bag
BC -	12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June 8 2010
Shipment Date

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| Signature of Driver | Date of Receipt |
|---------------------|-----------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

Signature of Driver

Date of Receipt _____

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. Sawyer
- f) The material delivered by the Transporter has been received at the
Disposal Facility: J. Sawyer 6-8-11
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver

Date of Receipt _____

0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10.0

Date of Receipt: _____

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268927

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/08/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1154 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/08/2010 12:54:10	Inbound	judy		Tare	76000 lb
Out	06/08/2010 13:17:15	Outbound	judy		Net	31000 lb
					Tons	45000 lb
						22.50

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.50	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
2.3 Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

June 8 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **76-800-F/VA**
e) Trailer or Container No.: **3R57126**
f) Name of Driver: **WILLIAM TRICKETT**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
William T. T. 6-8-10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **G. Scandek**
f) The material delivered by the Transporter has been received at the Disposal Facility. *G. Scandek 6-8-10*
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268968

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/08/2010 Vehicle# 116 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1155 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	78440 lb
In	06/08/2010 14:20:17	Inbound	judy		Tare	30980 lb
Out	06/08/2010 14:45:15	Outbound	judy		Net	47460 lb
					Tons	23.73

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.73	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Rodney Taut



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: Alliant Techsystems, Inc.
- b) Generator's Address: P.O. Box 1
Radford, VA 24143
- c) Generator's Representative: Jeremy Flint
- d) Telephone Number: (540) 639-7668
- e) WASTE MANAGEMENT APPROVAL CODE

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- f) Common Name of Waste: Lead Contaminated Soil
- g) Description of Waste: SWMU 54 - Area B
- h) Disposal Volume: (1) Load
- 23 Tons Cubic Yards X Other 1 Load
- i) Number of Containers: One
- o) I hereby warrant that the above named material is the same material as Application identified by the above Waste Management Code and such the shipment date referenced below.

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
-
- | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|
| | | 1 | 0 | 1 | 7 | 7 | 0 | V | A |
|--|--|---|---|---|---|---|---|---|---|
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers: ☐ ☐ ☐

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June 8 2010
Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 65-4425/LA
e) Trailer or Container No.: 3116/SL
f) Name of Driver: X ROBBY TARTIER
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Robby Tartier 6-8-10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 3

TRANSFER FACILITY₁ - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) *I hereby warrant that the above named and described material, was received from the generator on the date of receipt referenced below:*
- | Signature of Driver | Date of Receipt |
|--|-----------------|
| h) <i>I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.</i> | |

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20231 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. Sandy
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Sandy 6-8-10
- J. Sandy Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20321 Maplewood Rd.
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 268994

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 187 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1156 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	67680 lb
In	06/09/2010 07:06:00	Inbound	judy		Tare	26260 lb
Out	06/09/2010 07:16:14	Outbound	judy		Net	41420 lb
					Tons	20.71

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.71	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Walter Land

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 8, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **10-239 P/VA**
e) Trailer or Container No.: **13187**
f) Name of Driver: **Walter Huntz**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Walter Huntz **06/08/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Scudder**
f) The material delivered by the Transporter has been received at the Disposal Facility. **Scudder** **6-9-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269001

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 126 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1157 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/09/2010 07:15:36	Inbound	judy		Tare	76060 lb 30760 lb
Out	06/09/2010 07:49:40	Outbound	judy		Net	45300 lb
					Tons	22.65

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.65	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature





Manifest No. **1157**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

Signature of Generator's Authorized Agent

Shipment Date June 8 2010

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) *I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:*
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) *I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.*
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) L. Acordly
- f) The material delivered by the Transporter has been received at the
Disposal Facility. L. Acordly 6-9-10
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.
- Signature of Driver Date of Receipt

ASBESTOS (operator to complete)

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Date _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jeffersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269002

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 455 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1123 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	79880 lb
In	06/09/2010 07:18:19	Inbound	judy		Tare	29260 lb
Out	06/09/2010 07:55:59	Outbound	judy		Net	50620 lb
					Tons	25.31

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.31	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

JOL E Dwy # 455



SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons _____ Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June 3, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **55-755 PY/VA**
e) Trailer or Container No.: **3455/44**
f) Name of Driver: **X John E. D...**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X [Signature] 06/03/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
f) The material delivered by the Transporter has been received at the Disposal Facility: **[Signature] 6-9-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269005

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 3192 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1159 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/09/2010 07:24:50	Inbound	judy		Tare	66760 lb 25860 lb
Out	06/09/2010 07:57:51	Outbound	judy		Net	40900 lb
					Tons	20.45

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.45	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature



415

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 8 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-7308/VA**
e) Trailer or Container No.: **3115/23**
f) Name of Driver: **Raymond**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Raymond **6-8-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Aracely**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Aracely **6-9-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269027

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 3089 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1158 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/09/2010 08:18:50	Inbound	judy		Tare	69020 lb 25720 lb
Out	06/09/2010 08:33:59	Outbound	judy		Net	43300 lb
					Tons	21.65

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.65	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M.L.



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **1** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable, ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 8 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-221P**
e) Trailer or Container No.: **2089**
f) Name of Driver: **Mark Titchford SR.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Mark Titchford SR. 6-8-2010
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Scudder**
f) The material delivered by the Transporter has been received at the Disposal Facility:
Scudder 6-7-10
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269071

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 437 Volume..
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1161 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	70560 lb
In	06/09/2010 11:33:53	Inbound	judy		Tare	29960 lb
Out	06/09/2010 11:56:11	Outbound	judy		Net	40600 lb
					Tons	20.30

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.30	Tons				VA
2 P&ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Bruce 437*



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **23** Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 9 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-5378 / VA**
e) Trailer or Container No.: **3437 / 29**
f) Name of Driver: **X Bruce Hartwood**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Bruce Hartwood 6-9-10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sandy**
f) The material delivered by the Transporter has been received at the Disposal Facility: **J. Sandy 6-9-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility:
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269072

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 3087 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1160 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/09/2010 11:39:12	Inbound	judy		Tare	72360 lb 28640 lb
Out	06/09/2010 11:58:43	Outbound	judy		Net	43720 lb
					Tons	21.86

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.86	Tons				VA
2 PGENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Richard Patel
#3087



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 9 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **64-9546/VA**
e) Trailer or Container No.: **3087/13**
f) Name of Driver: **LEONARD B. PATSEL**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **6-9-10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269097

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1162 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	76880 lb
In	06/09/2010 13:05:28	Inbound	judy		Tare	31140 lb
Out	06/09/2010 13:27:27	Outbound	judy		Net	45740 lb
					Tons	22.87

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.87	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

197



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

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j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
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TYPE OF CONTAINERS

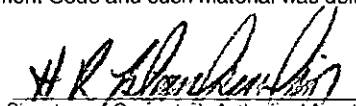
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

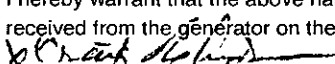
H. R. BLANKESHIP

Generator's Authorized Agent Name (print/type)


Signature of Generator's Authorized Agent**June 9 2010**
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-395 F/VA**
e) Trailer or Container No.: **3197 154**
f) Name of Driver: **Craig Richardson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
 **6-9-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

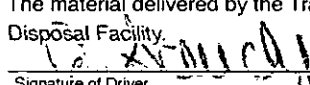
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **J. Landfill**
f) The material delivered by the Transporter has been received at the Disposal Facility.
 **6-9-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269100

Customer Name Shaw E and I (Area B)-Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 247 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1163 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	78900 lb
In	06/09/2010 13:15:38	Inbound	judy		Tare	31540 lb
Out	06/09/2010 13:33:57	Outbound	judy		Net	47360 lb
					Tons	23.68

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.68	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

3/1/2011
247

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY -

☐ Friable	☐ Both	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 9 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 989, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **11-671A / VA**
- e) Trailer or Container No.: **75240 3247/152**
- f) Name of Driver: **BLSL:DDSR**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
6-9-10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: **()**
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
6-9-10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: **()**
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
6-9-10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-861-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sandy**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
6-9-10
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: **()**
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/Type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269108

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1164 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/09/2010 13:36:17	Inbound	judy		Tare	75800 lb 31420 lb
Out	06/09/2010 13:54:13	Outbound	judy		Net	44380 lb
					Tons	22.19

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.19	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 9 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **76-800 F1VA**
e) Trailer or Container No.: **3357 426**
f) Name of Driver: **WILLIAM PRICKETT**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
6-9-10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **S. Sandy**
f) The material delivered by the Transporter has been received at the Disposal Facility. **Signature of Driver** **Date of Receipt**
6-9-10
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
29221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269118

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/09/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1165 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/09/2010 14:13:21	Inbound	judy		Tare	73760 lb 29560 lb
Out	06/09/2010 14:37:25	Outbound	judy		Net	44200 lb
					Tons	22.10

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.10	Tons				VA
2 P6ENV-Environmenta	100		%				VA
3 FUEL-Fuel Surcharg	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tarte



If waste is asbestos waste, complete all Sections. .
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: Lead Contaminated Soil
g) Description of Waste: SWMU 54 - Area B
h) Disposal Volume: (1) Load

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0608**
d) Vehicle License No./State: **55-744 E / VA**
e) Trailer or Container No.: **3432 / 86**
f) Name of Driver: **BOBBY TARTEN**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x Bobby Tarten **6-9-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____

b) Transporter's Address: _____

c) Telephone Number: () _____

d) Vehicle License No./State: _____

e) Trailer or Container, No.: _____

f) Name of Driver: _____

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____	Date of Receipt _____
---------------------------	-----------------------

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269144

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/10/2010 Vehicle# 427 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1119 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	75480 lb
In	06/10/2010 06:47:24	Inbound	rodregus		Tare	29260 lb
Out	06/10/2010 07:10:54	Outbound	rodregus		Net	46220 lb
					Tons	23.11

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	23.11	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



NON-HAZARDOUS WASTE MANIFEST

Manifest No. **1119**If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers: **T R**

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

APRIL 2, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0808**
d) Vehicle License No./State: **65-628 F/VA**
e) Trailer or Container No.: **3427 / 63**
f) Name of Driver: **R. Eric Ellis**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
6-2-10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20281 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **P. Rutter** **6-10-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards:

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269145

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/10/2010 Vehicle# 115 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1166 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	76240 lb
In	06/10/2010 06:48:31	Inbound	rodregus		Tare	32380 lb
Out	06/10/2010 07:07:11	Outbound	rodregus		Net	43860 lb
					Tons	21.93

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.93	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Jones

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

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j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY -

☐	Friable;	☐	Both;	☐	% Friable
☐	Non-Friable	☐	N/A	☐	% non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June 9 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-7304/VA**
e) Trailer or Container No.: **3115/22**
f) Name of Driver: **Ray, Luke**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Ray, Luke **6-9-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **R. Potts** **6-10-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269146

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/10/2010 Vehicle# 247 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1167 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	77540 lb
In	06/10/2010 06:49:33	Inbound	rodregus		Tare	32100 lb
Out	06/10/2010 07:12:40	Outbound	rodregus		Net	45440 lb
					Tons	22.72

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.72	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(840) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

June 9 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **6S-4438 / VA**
e) Trailer or Container No.: **3116 / 25**
f) Name of Driver: **Kenneth Richardson**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type)
f) The material delivered by the Transporter has been received at the Disposal Facility. **R. Pote** **6-10-10**
Signature of Driver **Date of Receipt**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Petersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269180

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/10/2010 Vehicle# 145 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1168 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/10/2010 08:27:26	Inbound	rodregus		Tare	72040 lb
Out	06/10/2010 08:46:01	Outbound	rodregus		Net	31220 lb
					Tons	40820 lb
						20.41

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.41	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Keith Buttz



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **23** Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 9 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-5704 VA**
e) Trailer or Container No.: **2145/53**
f) Name of Driver: **Karl Ba-Ley**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Karl Ba-Ley **6-9-10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **K. R. R. R.** **6-10-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269291

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/11/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1172 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	91300 lb
In	06/11/2010 07:08:35	Inbound	judy		Tare	31820 lb
Out	06/11/2010 07:32:45	Outbound	judy		Net	59480 lb
					Tons	29.74

Comments

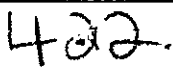
Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	29.74	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

[Handwritten Signature]
422





Manifest No. 1172

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- TYPE OF CONTAINERS**
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC - 12 mil. Plastic Bag

June 10 2010
Shipment Date

TRANSFER FACILITY - (complete if applicable)

- Signature of Driver _____ Date of Receipt _____

DESTINATION - (Disposal Facility)

- Signature of Driver _____ Date of Receipt _____

ASBESTOS (operator to complete)

a) Operator's Name: _____ c) Telephone Number: () _____

b) Operator's Address: _____

d) Recommended special handling instructions and additional information: _____

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Date _____

- Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269292

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/11/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1170 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	71860 lb
In	06/11/2010 07:10:00	Inbound	judy		Tare	29920 lb
Out	06/11/2010 07:39:15	Outbound	judy		Net	41940 lb
					Tons	20.97

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.97	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tait



If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**

b) Generator's Address: **P.O. Box 1**
Radford, VA 24143

c) Generator's Representative: **Jeremy Flint**

d) Telephone Number: **(540) 639-7668**

e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**

k) Address: **Route 114**
Radford, VA 24141

l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**

g) Description of Waste: **SWMU 54 - Area B**

h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**

i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

HR Blouk
Generator's Authorized Agent Name (print/type)

HR Blouk
Signature of Generator's Authorized Agent

June 10 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**

b) Transporter's Address: **PO Box 969, Concord, VA**

c) Telephone Number: **(434) 610-0508**

d) Vehicle License No./State: **55-7448/VA**

e) Trailer or Container No.: **3432/86**

f) Name of Driver: **ROBERTY TARTIE**

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Roberty Tartie **6-10-10**
Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:

b) Transfer Facility's Address:

c) Telephone Number: **()**

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:

b) Transporter's Address:

c) Telephone Number: **()**

d) Vehicle License No./State:

e) Trailer or Container No.:

f) Name of Driver:

g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**

b) Physical Address: **20221 Maplewood Rd, Jetersville VA**

c) Telephone Number: **804-661-6111** **23083**

d) Mailing Address: **Same**

e) Name of Disposal Facility's Authorized Agent (print/type): **J. Landfill**

f) The material delivered by the Transporter has been received at the Disposal Facility.
 6-11-10
Signature of Driver Date of Receipt

g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:

b) Operator's Address:

d) Recommended special handling instructions and additional information:

e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

c) Telephone Number: **()**

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
2021-Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269293

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/11/2010 Vehicle# 135 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1171 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/11/2010 07:11:28	Inbound	judy		Tare	87140 lb
Out	06/11/2010 07:43:01	Outbound	judy		Net	30100 lb
					Tons	57040 lb
						28.52

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	28.52	Tons				VA
2 FUEL-Fuel Surchang	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Mary Horton 3135



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

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j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

23 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 10 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **13-1938 / VA**
e) Trailer or Container No.: **3125754**
f) Name of Driver: **ALAN KILPATRICK**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
6-10-10
Signature of Driver **ALAN KILPATRICK** Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY- (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Donna**
f) The material delivered by the Transporter has been received at the Disposal Facility. **Donna 6-11-10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20231 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269388

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/11/2010 Vehicle# 437 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1173 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/11/2010 11:39:19	Inbound	judy		Tare	78800 lb 29860 lb
Out	06/11/2010 12:12:51	Outbound	judy		Net	48940 lb
					Tons	24.47

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.47	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

3002 437



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

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f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐	Friable;	☐	Both;	☐	% Friable
☐	Non-Friable	☐	N/A	☐	% non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

June 11 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-5378/VA**
e) Trailer or Container No.: **3437139**
f) Name of Driver: **D. B. Martin**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
6-11-10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **C. Drandey**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **Date of Receipt**
6-11-10
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: c) Telephone Number: ()
b) Operator's Address:
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20321 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 269389

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/11/2010 Vehicle# 3087 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1174 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	06/11/2010 11:41:59	Inbound	judy		Tare	71760 lb 28600 lb
Out	06/11/2010 12:15:09	Outbound	judy		Net	43160 lb
					Tons	21.58

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.58	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature #3087



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 270034

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 06/17/2010 Vehicle# 126 Volume..
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1169 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	79640 lb
In	06/17/2010 10:29:28	Inbound	judy		Tare	30720 lb
Out	06/17/2010 10:54:28	Outbound	judy		Net	48920 lb
					Tons	24.46

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.46	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature *Robert L. L...*



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(840) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

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j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(840) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY -

☐ Friable,	☐ Both:	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H.R. BLANKENSHIN
Generator's Authorized Agent Name (print/type)

H.R. Blankenshin
Signature of Generator's Authorized Agent

June 10 2010
Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **72-1845 / VA**
e) Trailer or Container No.: **3126 / 58**
f) Name of Driver: **Kobert L. GILL JR.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
K. Gill 6-10-10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

SECTION 4

TRANSPORTER 2 - (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): J. Dandur
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Dandur 6-17-10
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



INVOICE

Customer: SHAW E&I / AREA B
 Account Number: 410-0001514-0041-3
 Invoice Date: 08/01/2010
 Invoice Number: 0026494-0041-9
 Due Date: Due Upon Receipt
 WM ezPay Account ID: 00016-27691-32007

Amelia Landfill
 8000 Chambers Rd
 Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

Current Invoice Amount Total Amount Due

10,511.69

51,945.74

Account Summary

Description	Amount
Previous Balance	78,324.18
Total Credits and Adjustments	0.00
Total Payments Received	36,890.13
Total Current Charges	10,511.69

Total Amount Due 51,945.74

Total Amount Past Due 41,434.05

Service Period: JULY 2010 SERVICE

Please pay total amount due. Thank you for your business.

Description	Amount
Landfill	10,511.69
Total Current Charges	10,511.69

If full payment of the invoiced amount is not received within 30 days of the invoice date, you will be charged a monthly late fee of 1.5% of the unpaid amount, with a minimum monthly charge of \$3.00, or such lesser late fee allowed under applicable law, regulation or contract. For each returned check, a fee will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

The new Bagster® Dumpster In a Bag® can take on up to 3300 lb of waste & debris. As easy as Buy. Fill. Gone®. Buy at a retailer near you. www.thebagster.com

Want to pay this bill on-line? Go to www.wm.com to learn more about WMezPay and make a convenient, secure payment.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
10,511.69	41,434.05	0.00	0.00	0.00	51,945.74



Amelia Landfill
 8000 Chambers Rd
 Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

Learn how we Think Green at
www.wm.com/thinkgreen

Payment Coupon

Please detach and send with checks only (no cash).
 Please send all other correspondence to your local WM site.

Your Account Number

410-0001514-0041-3

Invoice Date

08/01/2010

Your Invoice Number

0026494-0041-9

Due Date

Upon Receipt

Total Due

51,945.74

Amount Paid

Pay your WM bill online at
www.wm.com. To pay by
 phone, call 866-964-2729.

00414100001514000264940000105116900005194574 0

0001683 NM

9215

CP1 I0041L54

SHAW E&I / AREA B
 PO BOX 98519-ATTN:ACCT PAYABLE
 BATON ROUGE LA 70884

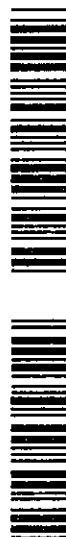
Waste Management
 Amelia Landfill
 P.O. Box 13648
 Philadelphia, PA 19101-3648

From everyday collection to environmental protection,
 Think Green®. Think Waste Management.

FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1

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NOTICE: By sending your check, you are authorizing Waste Management to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check. If you have questions regarding this check conversion process only, please call 866-701-0454. For any other unrelated issues, please contact the phone number listed on the front of your invoice.



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Page 3 of 6
Customer: SHAW E&I / AREA B
Account Number: 410-0001514-0041-3
Invoice Date: 08/01/2010
Invoice Number: 0026494-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B: Rt 114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
07/22/10	274744	Veh#: 432				
		Po#: 569178op				
		Special waste	25.17	TON	22.00	553.74
		Environmental fee	1.00	PCT	41.53	41.53
		Fuel surcharge	1.00	PCT	23.76	23.76
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1175				
		Ticket total				619.03
07/22/10	274745	Veh#: 195				
		Po#: 569178op				
		Special waste	22.23	TON	22.00	489.06
		Environmental fee	1.00	PCT	36.68	36.68
		Fuel surcharge	1.00	PCT	20.98	20.98
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1176				
		Ticket total				546.72
07/22/10	274784	Veh#: 110				
		Po#: 569178op				
		Special waste	22.67	TON	22.00	498.74
		Environmental fee	1.00	PCT	37.41	37.41
		Fuel surcharge	1.00	PCT	21.40	21.40
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1178				
		Ticket total				557.55
07/22/10	274786	Veh#: 57				
		Po#: 569178op				
		Special waste	21.24	TON	22.00	467.28
		Environmental fee	1.00	PCT	35.05	35.05
		Fuel surcharge	1.00	PCT	20.05	20.05
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1177				
		Ticket total				522.38
07/23/10	274836	Veh#: 455				
		Po#: 569178op				
		Special waste	24.18	TON	22.00	531.96
		Environmental fee	1.00	PCT	39.90	39.90
		Fuel surcharge	1.00	PCT	22.82	22.82
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1				
		Ticket total				594.68
07/23/10	274837	Veh#: 422				
		Po#: 569178op				
		Special waste	18.93	TON	22.00	416.46
		Environmental fee	1.00	PCT	31.23	31.23
		Fuel surcharge	1.00	PCT	17.87	17.87
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1				
		Ticket total				465.56
07/23/10	274838	Veh#: 197				
		Po#: 569178op				

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003979

Service Location: 410-1514 Shaw E&I / Area B Rt 114 Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Special waste	17.11	TON	22.00	376.42
		Environmental fee	1.00	PCT	28.23	28.23
		Fuel surcharge	1.00	PCT	16.15	16.15
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1				
		Ticket total				420.80
07/23/10	274839	Veh#: 145				
		Po#: 569178op				
		Special waste	21.77	TON	22.00	478.94
		Environmental fee	1.00	PCT	35.92	35.92
		Fuel surcharge	1.00	PCT	20.55	20.55
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1				
		Ticket total				535.41
07/23/10	274943	Veh#: 432				
		Po#: 569178op				
		Special waste	24.98	TON	22.00	549.56
		Environmental fee	1.00	PCT	41.22	41.22
		Fuel surcharge	1.00	PCT	23.58	23.58
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1185				
		Ticket total				614.36
07/23/10	274950	Veh#: 437				
		Po#: 569178op				
		Special waste	24.22	TON	22.00	532.84
		Environmental fee	1.00	PCT	39.96	39.96
		Fuel surcharge	1.00	PCT	22.86	22.86
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1186				
		Ticket total				595.66
07/23/10	274990	Veh#: 110				
		Po#: 569178op				
		Special waste	22.12	TON	22.00	486.64
		Environmental fee	1.00	PCT	36.50	36.50
		Fuel surcharge	1.00	PCT	20.88	20.88
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1188				
		Ticket total				544.02
07/23/10	274991	Veh#: 57				
		Po#: 569178op				
		Special waste	20.67	TON	22.00	454.74
		Environmental fee	1.00	PCT	34.11	34.11
		Fuel surcharge	1.00	PCT	19.51	19.51
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1187				
		Ticket total				508.36
07/26/10	275057	Veh#: 113				
		Po#: 569178op				
		Special waste	21.35	TON	22.00	469.70
		Environmental fee	1.00	PCT	35.23	35.23
		Fuel surcharge	1.00	PCT	20.15	20.15
		Profile # 101770va				



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 08/01/2010
Invoice Number: 0026494-0041-9
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B: Rt 114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1194				
		Ticket total				525.08
07/26/10	275059	Veh#: 126				
		Po#: 569178op				
		Special waste	19.88	TON	22.00	437.36
		Environmental fee	1.00	PCT	32.80	32.80
		Fuel surcharge	1.00	PCT	18.76	18.76
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1184				
		Ticket total				488.92
07/26/10	275060	Veh#: 195				
		Po#: 569178op				
		Special waste	19.73	TON	22.00	434.06
		Environmental fee	1.00	PCT	32.55	32.55
		Fuel surcharge	1.00	PCT	18.62	18.62
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1192				
		Ticket total				485.23
07/26/10	275061	Veh#: 224				
		Po#: 569178op				
		Special waste	19.70	TON	22.00	433.40
		Environmental fee	1.00	PCT	32.51	32.51
		Fuel surcharge	1.00	PCT	18.59	18.59
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1193				
		Ticket total				484.50
07/26/10	275062	Veh#: 3081				
		Po#: 569178op				
		Special waste	18.10	TON	22.00	398.20
		Environmental fee	1.00	PCT	29.87	29.87
		Fuel surcharge	1.00	PCT	17.08	17.08
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1189				
		Ticket total				445.15
07/26/10	275063	Veh#: 100				
		Po#: 569178op				
		Special waste	18.77	TON	22.00	412.94
		Environmental fee	1.00	PCT	30.97	30.97
		Fuel surcharge	1.00	PCT	17.72	17.72
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1190				
		Ticket total				461.63
07/26/10	275068	Veh#: 115				
		Po#: 569178op				
		Special waste	22.50	TON	22.00	495.00
		Environmental fee	1.00	PCT	37.13	37.13
		Fuel surcharge	1.00	PCT	21.24	21.24
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1191				
		Ticket total				553.37

*From everyday collection to environmental protection,
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003980

Service Location: 410-1514 Shaw E&I / **Area B:** Rt. 114 Radford, Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
07/26/10	275102	Veh# 247				
		Po# 569178op				
		Special waste	22.09	TON	22.00	485.98
		Environmental fee	1.00	PCT	36.45	36.45
		Fuel surcharge	1.00	PCT	20.85	20.85
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1183				
		Ticket total				543.28
		Central billed nat'l				0.00
Total Current Charges						10,511.69

Payments Received Detail

07/09/2010 Payment - thank you 36,890.13-

Total Payments Received 36,890.13-





Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274744

Customer Name Shaw E and.I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/22/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1175 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/22/2010 11:02:21	Inbound	judy		Tare	80040 1b
Out	07/22/2010 11:30:28	Outbound	judy		Net	29700 1b
					Tons	50340 1b
						25.17

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	25.17	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bobby Tate

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
Tons Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/22/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **55-744 PY/VA**
- e) Trailer or Container No.: **3432/80**
- f) Name of Driver: **X BOBBY TARTER**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **X Bobby Tarter** Date of Receipt **07/22/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-861-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **J. Sander**
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **J. Sander** Date of Receipt **7-22-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274745

Customer Name Shaw E and I (Area B). Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/22/2010 Vehicle# 195 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1176 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/22/2010 11:04:01	Inbound	judy		Tare	69640 lb
Out	07/22/2010 11:16:31	Outbound	judy		Net	25180 lb
					Tons	44460 lb
						22.23

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.23	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Freddie Wilson

Total Fees
Total Ticket

Driver's Signature





Manifest No. **1176**

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
- | | | | | |
|--|--|---|---|---|
| | | 1 | 0 | 1 |
| | | 7 | 7 | 0 |
| | | V | A | |
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:

2	2
---	---

 TYPE OF CONTAINERS

TYPE OF CONTAINERS	
TR -	Truck
DM -	Metal Drum
DP -	Plastic Drum
BA -	Bag
BB -	6 mil. Plastic Bag
BC -	12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0808
d) Vehicle License No./State: 110-129P /VA
e) Trailer or Container No.: 3195
f) Name of Driver: X FREDDIE WILSON
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Freddie Wilson 07/22/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) *I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:*
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) *I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.*

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------------|-----------------------|
| Signature of Driver _____ | Date of Receipt _____ |
|---------------------------|-----------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 83083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. Sandy
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Sandy 7-22-10
- Signature of Driver J. Sandy Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

¹ "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274784

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/22/2010 Vehicle# 110 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1178 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

Time	Scale	Operator	Inbound	Gross	76860 lb
In 07/22/2010 12:51:40	Inbound	judy		Tare	31520 lb
Out - 07/22/2010 13:17:06	Outbound	judy		Net	45340 lb
				Tons	22.67

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.67	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

110 Simon
Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7688**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐	Friable;	☐	Both;	☐	% Friable
☐	Non-Friable	☐	N/A	☐	% non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/22/10

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **65-394 PY / VA**
e) Trailer or Container No.: **3110 / 52**
f) Name of Driver: **William Simmons**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **07/22/10**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **Sandy**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **7-22-10**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
29221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274786

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/22/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1177 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	74140 lb
In	07/22/2010 12:53:43	Inbound	judy		Tare	31660 lb
Out	07/22/2010 13:20:19	Outbound	judy		Net	42480 lb
					Tons	21.24

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.24	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature





Manifest No. 1177

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

GENERATOR INFORMATION (generator to complete)

- | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE</p> <table border="1" style="margin-left: 150px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 84 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p style="margin-left: 40px;"> <u> </u> Tons <u> </u> Cubic Yards <u> X </u> Other <u> 1 Load </u> </p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | | | | | | | <p>j) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>k) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>l) Telephone Number: <u>(540) 639-7631</u></p> <p>m) Asbestos ONLY -</p> <table border="1" style="margin-left: 150px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>n) Type of Containers:</p> <table border="1" style="margin-left: 150px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="margin-left: 150px;"> ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable </p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC- 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 76-800 PY/VA
e) Trailer or Container No.: 3357426
f) Name of Driver: X WILLIAM FRICKEIT
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X William Frickeit 07/22/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) *I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:*
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) *I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.*

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | | | |
|---------------------|-------|-----------------|-------|
| Signature of Driver | _____ | Date of Receipt | _____ |
|---------------------|-------|-----------------|-------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-661-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) J. Saunders
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Saunders 7-22-10
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274836

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/23/2010 Vehicle# 455 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/23/2010 06:37:20	Inbound	rodregus		Tare	77580 lb
Out	07/23/2010 07:09:36	Outbound	rodregus		Net	29220 lb
					Tons	48360 lb
						24.18

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.18	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Doc S. O'Jag # 455





Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274837

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/23/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	70000 lb
In	07/23/2010 06:38:18	Inbound	rodregus		Tare	32140 lb
Out	07/23/2010 07:11:32	Outbound	rodregus		Net	37860 lb
					Tons	18.93

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.93	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA,

B. Smith
V22

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
23 Tons **23** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
OP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/22/10

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **14-860 XA**
e) Trailer or Container No.: **3422183**
f) Name of Driver: **X DARYN C SLEDD JR**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X DARYN C SLEDD JR 07/22/10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name:
b) Transfer Facility's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name:
b) Transporter's Address:
c) Telephone Number: ()
d) Vehicle License No./State:
e) Trailer or Container No.:
f) Name of Driver:
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type):
f) The material delivered by the Transporter has been received at the Disposal Facility. **R. Rater** **7-23-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name:
b) Operator's Address:
c) Telephone Number: ()
d) Recommended special handling instructions and additional information:
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274838

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/23/2010 Vehicle# 197 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/23/2010 06:38:59	Inbound	rodregus		Tare	66420 lb
Out	07/23/2010 07:13:27	Outbound	rodregus		Net	32200 lb
					Tons	34220 lb
						17.11

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	17.11	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

KM 197



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐	Friable;	☐	Both;	☐	% Friable
☐	Non-Friable	☐	N/A	☐	% non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/22/10

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **105-395PV/VA**
e) Trailer or Container No.: **3197125**
f) Name of Driver: **x Ken McAllister**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
x K. McAllister **07/22/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **K. X. X. X.** **7-23-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274839

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/23/2010 Vehicle# 145 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	74700 lb
In	07/23/2010 06:39:43	Inbound	rodregus		Tare	31220 lb
Out	07/23/2010 07:14:54	Outbound	rodregus		Net	43540 lb
					Tons	21.77

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.77	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(840) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(840) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons _____ Cubic Yards ☒ Other 1 Load

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/22/10

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **05-570 PY/VA**
e) Trailer or Container No.: **3145153**
f) Name of Driver: **X Keith B. Blevins**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Keith B. Blevins **07/22/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **R. Pate** **7.23.10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274943

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/23/2010 Vehicle# 432 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1185 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/23/2010 11:12:04	Inbound	rodregus		Tare	79660 lb
Out	07/23/2010 11:38:19	Outbound	rodregus		Net	29700 lb
					Tons	49960 lb
						24.98

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.98	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Bally Tath



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(840) 639-7888**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
Tons Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/23/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0808**
- d) Vehicle License No./State: **55-744PY VA**
- e) Trailer or Container No.: **3432186**
- f) Name of Driver: **X BORBY TARTER**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **X Borby Tarter** Date of Receipt **07/23/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name:
- b) Transfer Facility's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name:
- b) Transporter's Address:
- c) Telephone Number: ()
- d) Vehicle License No./State:
- e) Trailer or Container No.:
- f) Name of Driver:
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type):
- f) The material delivered by the Transporter has been received at the Disposal Facility. **R. Pater** **7-23-10**
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name:
- b) Operator's Address:
- c) Telephone Number: ()
- d) Recommended special handling instructions and additional information:
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274950

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/23/2010 Vehicle# 437 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1186 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	77220 lb
In	07/23/2010 11:21:06	Inbound	rodregus		Tare	28780 lb
Out	07/23/2010 11:49:04	Outbound	rodregus		Net	48440 lb
					Tons	24.22

Comments.

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	24.22	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA,

Total Fees
Total Ticket

Driver's Signature

James 437



SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

				1	0	1	
				7	7	0	V A
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
Tons _____ Cubic Yards **X** Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/23/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **05-53724/VA**
- e) Trailer or Container No.: **3437103**
- f) Name of Driver: **BRUCE HARTMAN**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **BRUCE HARTMAN** Date of Receipt **07/23/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-661-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) _____
- f) The material delivered by the Transporter has been received at the Disposal Facility. **R. Porter** **7-23-10**
Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274990

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/23/2010 Vehicle# 110 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1188 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/23/2010 12:54:53	Inbound	rodregus		Tare	75460 lb
Out	07/23/2010 13:20:17	Outbound	rodregus		Net	31220 lb
					Tons	44240 lb
						22.12

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.12	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

110 Simmons



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
_____ Tons _____ Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/23/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0808**
- d) Vehicle License No./State: **105-394 PY/VA**
- e) Trailer or Container No.: **3110152**
- f) Name of Driver: **William Simmons**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **William Simmons** Date of Receipt **07/23/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) _____
- f) The material delivered by the Transporter has been received at the Disposal Facility. **K. Porter** **7-23-10**
Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 274991

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/23/2010 Vehicle# 57 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1187 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	72680 lb
In	07/23/2010 12:56:22	Inbound	rodregus		Tare	31340 lb
Out	07/23/2010 13:17:34	Outbound	rodregus		Net	41340 lb
					Tons	20.67

Comments

Product	LDX	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.67	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(840) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
1 Tons **0** Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(840) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

- n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/23/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0608**
- d) Vehicle License No./State: **76-800 PY/VA**
- e) Trailer or Container No.: **3357126**
- f) Name of Driver: **WILLIAM RICKER**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **07/23/10** **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-861-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) _____
- f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver **7-23-10** **Date of Receipt**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hmeila Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 275057

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/26/2010 Vehicle# 113 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1194 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/26/2010 06:52:25	Inbound	rodregus		Tare	68660 lb
Out	07/26/2010 07:07:31	Outbound	rodregus		Net	25960 lb
					Tons	42700 lb
						21.35

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.35	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 64 - Area B**
h) Disposal Volume: **(1) Load**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable
n) Type of Containers: **T R**

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

- ____ Tons ____ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/23/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-245 P / VA**
e) Trailer or Container No.: **3113**
f) Name of Driver: **X James S & X. B. ...**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X **im J. B. ...** **07/23/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **H. R. Blankenship** **7-26-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Laboratory
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 275059

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/26/2010 Vehicle# 126 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1184 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/26/2010 06:54:49	Inbound	rodregus		Tare	70560 lb
Out	07/26/2010 07:28:01	Outbound	rodregus		Net	30800 lb
					Tons	39760 lb
						19.88

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.88	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Rick L & C

If waste is asbestos waste, complete all Sections.

If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: Alliant Techsystems, Inc.
- b) Generator's Address: P.O. Box 1
Radford, VA 24143
- c) Generator's Representative: Jeremy Flint
- d) Telephone Number: (840) 639-7668
- e) WASTE MANAGEMENT APPROVAL CODE

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- f) Common Name of Waste: Lead Contaminated Soil
- g) Description of Waste: SWMU 54 - Area B
- h) Disposal Volume: (1) Load
- _____ Tons _____ Cubic Yards X Other 1 Load
- i) Number of Containers: One

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
- | | | | | |
|--|--|---|---|---|
| | | 1 | 0 | 1 |
|--|--|---|---|---|

7	7	0	V	A
---	---	---	---	---
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:

7	7
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o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/22/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **55-730 PY IVA**
e) Trailer or Container No.: **311515B**
f) Name of Driver: **Ryan Louie**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Ryan Louie **07/22/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

07122110

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| _____ | _____ |
| Signature of Driver | Date of Receipt |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below

Signature of Driver

Date of Receipt _____

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20321 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) _____
- f) The material delivered by the Transporter has been received at the
Disposal Facility. [Signature] 7-26-10
- _____
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

¹ "Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hme11a, Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 275060

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/26/2010 Vehicle# 195 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1192 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/26/2010 06:55:56	Inbound	rodregus		Tare	64680 1b 25220 1b
Out	07/26/2010 07:21:51	Outbound	rodregus		Net	39460 1b
					Tons	19.73

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.73	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Judith W. H.

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|--|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u>
 <u> </u> Tons <u> </u> Cubic Yards ☒ Other <u>1 Load</u></p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % Non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|--|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 110-129 P/VA
e) Trailer or Container No.: 3195
f) Name of Driver: X FREDDIE WILSON
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Freddie Wilson 07/23/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---------------------|-----------------|
| _____ | _____ |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

Signature of Driver

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | Signature of Driver | Date of Receipt |
|---|-----------------|
| h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below. | |

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 80221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) _____
- f) The material delivered by the Transporter has been received at the
Disposal Facility. A. Korte 7-26-10
- _____
Signature of Driver Date of Receipt
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver

Date of Receipt _____

Signature of Driver

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



WASTE MANAGEMENT

20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 275061

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/26/2010 Vehicle# 224 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1193 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/26/2010 06:57:05	Inbound	rodregus		Tare	65120 1b
Out	07/26/2010 07:25:43	Outbound	rodregus		Net	25720 1b
					Tons	39400 1b
						19.70

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.70	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

GARY C. LITE COV



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
- _____** Tons **_____** Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

- n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/23/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-220P/VA**
- e) Trailer or Container No.: **311B**
- f) Name of Driver: **CHAD W. CRITZER**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
CHAD W. CRITZER 07/23/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) _____
- f) The material delivered by the Transporter has been received at the Disposal Facility. **2. Reetz** **7-26-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 275062

Customer Name Shaw E and 1 (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/26/2010 Vehicle# 3081 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1189 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/26/2010 06:58:37	Inbound	rodregus		Tare	62180 lb
Out	07/26/2010 07:20:01	Outbound	rodregus		Net	25980 lb
					Tons	36200 lb
						18.10

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.10	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Chris Boggs





20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 275063

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/26/2010 Vehicle# 100 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1190 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/26/2010 06:59:15	Inbound	rodregus		Tare	63360 lb
Out	07/26/2010 07:33:13	Outbound	rodregus		Net	25820 lb
					Tons	37540 lb
						18.77

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	18.77	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

JR Dillon



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
Tons Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**
- o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.
- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**
- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------
- TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/23/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-249P VA**
- e) Trailer or Container No.: **3100**
- f) Name of Driver: **ATR DILLON**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
ATR Dillon **07/23/10**
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landry
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 275068

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/26/2010 Vehicle# 115 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1191 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	75820 lb
In	07/26/2010 07:11:02	Inbound	rodregus		Tare	30820 lb
Out	07/26/2010 08:28:16	Outbound	rodregus		Net	45000 lb
					Tons	22.50

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.50	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Jones



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
_____ Tons _____ Cubic Yards ☒ Other 1 Load
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/23/10

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **72-181 PY IVA**
- e) Trailer or Container No.: **3414129**
- f) Name of Driver: **X Daniel Keith**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt** **07/23/10**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) _____
- f) The material delivered by the Transporter has been received at the Disposal Facility. **Signature of Driver** **Date of Receipt** **7-23-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Hmella Laboratory
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 275102

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 07/26/2010 Vehicle# 247 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1183 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	07/26/2010 08:44:18	Inbound	rodregus-		Tare	76360 lb*
Out	07/26/2010 08:44:37	Outbound	rodregus		Net	32180 lb*
			* Manual Weight		Tons	44180 lb
						22.09

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.09	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons **_____** Cubic Yards ☒ Other **1 Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS:
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

i) Number of Containers: **One**
o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

07/22/10

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **11-671XA/VA**
e) Trailer or Container No.: **3247/45**
f) Name of Driver: **Eric Ellis**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
07/22/10
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) _____
f) The material delivered by the Transporter has been received at the Disposal Facility. **K. P. [Signature]**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



INVOICE

Customer: SHAW E&I / AREA B
Account Number: 410-0001514-0041-3
Invoice Date: 09/01/2010
Invoice Number: 0026599-0041-5
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

PO 509178

Current Invoice Amount Total Amount Due

7,331.81

17,843.50

Account Summary

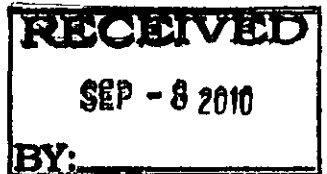
Description	Amount
Previous Balance	51,945.74
Total Credits and Adjustments	0.00
Total Payments Received	41,434.05
Total Current Charges	7,331.81
Total Amount Due	17,843.50
Total Amount Past Due	10,511.69

Please pay total amount due. Thank you for your business.

Service Period: AUGUST 2010 SERVICE

Description	Amount
Landfill	7,331.81
Total Current Charges	7,331.81

If full payment of the invoiced amount is not received within 30 days of the invoice date, you will be charged a monthly late fee of 1.5% of the unpaid amount, with a minimum monthly charge of \$3.00, or such lesser late fee allowed under applicable law, regulation or contract. For each returned check, a fee will be assessed on your next billing equal to the maximum amount permitted by applicable state law.



Want to pay this bill on-line? Go to www.wm.com to learn more about WMezPay and make a convenient, secure payment.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
7,331.81	10,511.69	0.00	0.00	0.00	17,843.50



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

804-966-8705 (billing questions)

804-966-7041 (fax)

Learn how we Think Green at
www.wm.com/thinkgreen

Payment Coupon

Please detach and send with checks only (no cash).
Please send all other correspondence to your local WM site.

Your Account Number

410-0001514-0041-3

Invoice Date

09/01/2010

Your Invoice Number

0026599-0041-5

Due Date

Upon Receipt

Total Due

17,843.50

Amount Paid

Pay your WM bill online at
www.wm.com. To pay by
phone, call 866-964-2729.

00414100001514000265990000073318100001784350 4

0001247 NM

9244

CP1 I0041L55

SHAW E&I / AREA B
PO BOX 98519-ATTN:ACCT PAYABLE
BATON ROUGE LA 70884

Waste Management
Amelia Landfill
P.O. Box 13648
Philadelphia, PA 19101-3648

From everyday collection to environmental protection,
Think Green. Think Waste Management.
FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1





NOTICE: By sending your check, you are authorizing Waste Management to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check. If you have questions regarding this check conversion process only, please call 866-701-0454. For any other unrelated issues, please contact the phone number listed on the front of your invoice.



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Customer: SHAW E&I / AREA B
Account Number: 410-0001514-0041-3
Invoice Date: 09/01/2010
Invoice Number: 0026599-0041-5
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw E&I / Area B Rt 114: Radford Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
08/13/10	277669	Veh#: 224				
		Po#: 569178op				
		Special waste	19.90	TON	22.00	437.80
		Environmental fee	1.00	PCT	32.84	32.84
		Fuel surcharge	1.00	PCT	19.66	19.66
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1195				
		Ticket total				490.30
08/13/10	277670	Veh#: 100				
		Po#: 569178op				
		Special waste	20.21	TON	22.00	444.62
		Environmental fee	1.00	PCT	33.35	33.35
		Fuel surcharge	1.00	PCT	19.96	19.96
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1196				
		Ticket total				497.93
08/13/10	277671	Veh#: 113				
		Po#: 569178op				
		Special waste	19.90	TON	22.00	437.80
		Environmental fee	1.00	PCT	32.84	32.84
		Fuel surcharge	1.00	PCT	19.66	19.66
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1197				
		Ticket total				490.30
08/16/10	277728	Veh#: 3089				
		Po#: 569178op				
		Special waste	19.30	TON	22.00	424.60
		Environmental fee	1.00	PCT	31.85	31.85
		Fuel surcharge	1.00	PCT	19.06	19.06
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1198				
		Ticket total				475.51
08/16/10	277731	Veh#: 3192				
		Po#: 569178op				
		Special waste	22.16	TON	22.00	487.52
		Environmental fee	1.00	PCT	36.56	36.56
		Fuel surcharge	1.00	PCT	21.89	21.89
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1199				
		Ticket total				545.97
08/16/10	277776	Veh#: 123				
		Po#: 569178op				
		Special waste	19.84	TON	22.00	436.48
		Environmental fee	1.00	PCT	32.74	32.74
		Fuel surcharge	1.00	PCT	19.60	19.60
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1200				
		Ticket total				488.82
08/16/10	277777	Veh#: 422				
		Po#: 569178op				

From everyday collection to environmental protection,
Think Green. Think Waste Management.

FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1



Printed on
recycled paper.

Service Location: 410-1514 Shaw E&I / Area B: Rt 114, Radford, Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Special waste	19.66	TON	22.00	432.52
		Environmental fee	1.00	PCT	32.44	32.44
		Fuel surcharge	1.00	PCT	19.42	19.42
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1201				
		Ticket total				484.38
08/16/10	277808	Veh#: 224				
		Po#: 569178op				
		Special waste	22.49	TON	22.00	494.78
		Environmental fee	1.00	PCT	37.11	37.11
		Fuel surcharge	1.00	PCT	22.22	22.22
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1205				
		Ticket total				554.11
08/16/10	277809	Veh#: 161				
		Po#: 569178op				
		Special waste	22.40	TON	22.00	492.80
		Environmental fee	1.00	PCT	36.96	36.96
		Fuel surcharge	1.00	PCT	22.13	22.13
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1206				
		Ticket total				551.89
08/16/10	277810	Veh#: 100				
		Po#: 569178op				
		Special waste	22.50	TON	22.00	495.00
		Environmental fee	1.00	PCT	37.13	37.13
		Fuel surcharge	1.00	PCT	22.23	22.23
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1203				
		Ticket total				554.36
08/16/10	277811	Veh#: 113				
		Po#: 569178op				
		Special waste	22.95	TON	22.00	504.90
		Environmental fee	1.00	PCT	37.87	37.87
		Fuel surcharge	1.00	PCT	22.67	22.67
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1204				
		Ticket total				565.44
08/16/10	277812	Veh#: 145				
		Po#: 569178op				
		Special waste	22.57	TON	22.00	496.54
		Environmental fee	1.00	PCT	37.24	37.24
		Fuel surcharge	1.00	PCT	22.29	22.29
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1207				
		Ticket total				556.07
08/17/10	277857	Veh#: 195				
		Po#: 569178op				
		Special waste	22.46	TON	22.00	494.12
		Environmental fee	1.00	PCT	37.06	37.06
		Fuel surcharge	1.00	PCT	22.09	22.09
		Profile # 101770va				



Amelia Landfill
8000 Chambers Rd
Charles City, VA 23030

Account Number: 410-0001514-0041-3
Invoice Date: 09/01/2010
Invoice Number: 0026599-0041-5
Due Date: Due Upon Receipt
WM ezPay Account ID: 00016-27691-32007

Service Location: 410-1514 Shaw.E&I./Area B./Rt.114: Radford,Va 24141

Date	Ticket	Description	Quantity	U/M	Rate	Amount
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1208				
		Ticket total				553.27
08/18/10	277993	Veh#: 142				
		Po#: 569178op				
		Special waste	21.25	TON	22.00	467.50
		Environmental fee	1.00	PCT	35.06	35.06
		Fuel surcharge	1.00	PCT	20.90	20.90
		Profile # 101770va				
		Generator alliant tech systems inc (rfaap)				
		Manifest # 1202				
		Ticket total				523.46
		Central billed nat'l				0.00
Total Current Charges						7,331.81

Payments Received Detail

08/10/2010 Payment - thank you 41,434.05-

Total Payments Received 41,434.05-



WASTE MANAGEMENT

20221 Maplewood Rd
Jeter, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277669

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/13/2010 Vehicle# 224 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1195 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/13/2010 12:37:04	Inbound	judy		Tare	65560 lb
Out	08/13/2010 13:04:42	Outbound	judy		Net	25760 lb
					Tons	39800 lb
						19.90

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.90	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

GARY RITZER

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

_____ Tons _____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 13, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-220 PIVA**
e) Trailer or Container No.: **311B**
f) Name of Driver: **Erny W. Pittzer**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Erny W. Pittzer **8/13/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY- (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20821 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. Souchy**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. Souchy **8-13-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



20221 Maplewood Rd
Jeffersville, VA 23083
Ph: (804) 561-5787

Original
Ticket# 277670

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/13/2010 Vehicle# 100 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1196 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/13/2010 12:38:40	Inbound	judy		Tare	66360 lb
Out	08/13/2010 13:07:03	Outbound	judy		Net	25940 lb
					Tons	40420 lb
						20.21

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	20.21	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

 Friable;

 Both;

 % Friable
Non-Friable

 N/A

 % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 13, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-249P/VA**
e) Trailer or Container No.: **3100**
f) Name of Driver: **X JR DILLON**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X JR Dillon **8/13/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. J. J. J. J.**
f) The material delivered by the Transporter has been received at the Disposal Facility. **J. J. J. J. J.** **8-13-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277671

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/13/2010 Vehicle# 113 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1197 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	65760 lb
In	08/13/2010 12:40:11	Inbound	judy		Tare	25960 lb
Out	08/13/2010 13:08:48	Outbound	judy		Net	39800 lb
					Tons	19.90

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.90	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

____ Tons ____ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 13, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 989, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-245P/VA**
e) Trailer or Container No.: **3113**
f) Name of Driver: **X. S. ...**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver **Date of Receipt**
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type) **J. ...**
f) The material delivered by the Transporter has been received at the Disposal Facility. **Signature of Driver** **Date of Receipt**
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277728

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/16/2010 Vehicle# 3089 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1198 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/16/2010 07:10:40	Inbound	judy		Tare	64400 lb 25800 lb
Out	08/16/2010 07:32:29	Outbound	judy		Net	38600 lb
					Tons	19.30

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.30	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

M.L.



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 13, 2010

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-221P/VA**
e) Trailer or Container No.: **3089**
f) Name of Driver: **MARK LITCHFORD, SR.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Mark Litchford, SR. 8/13/10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Signature of Driver _____ Date of Receipt _____

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **S. Soudy**
f) The material delivered by the Transporter has been received at the Disposal Facility: **S. Soudy 8/16/10**
Signature of Driver _____ Date of Receipt _____
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20821 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277731

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/16/2010 Vehicle# 3192 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1199 Grid
Destination
PD 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/16/2010 07:15:32	Inbound	judy		Tare	70100 lb 25780 lb
Out	08/16/2010 07:36:06	Outbound	judy		Net	44320 lb
					Tons	22.16

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.16	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

SECTION 1

GENERATOR INFORMATION (generator to complete)

- | | |
|--|---|
| <p>a) Generator's Name: <u>Alliant Techsystems, Inc.</u></p> <p>b) Generator's Address: <u>P.O. Box 1</u>
 <u>Radford, VA 24143</u></p> <p>c) Generator's Representative: <u>Jeremy Flint</u></p> <p>d) Telephone Number: <u>(540) 639-7668</u></p> <p>e) WASTE MANAGEMENT APPROVAL CODE </p> <p>f) Common Name of Waste: <u>Lead Contaminated Soil</u></p> <p>g) Description of Waste: <u>SWMU 54 - Area B</u></p> <p>h) Disposal Volume: <u>(1) Load</u></p> <p style="margin-left: 40px;"> <u> </u> Tons <u> </u> Cubic Yards <u> X </u> Other <u> 1 Load </u> </p> <p>i) Number of Containers: <u>One</u></p> <p>j) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.</p> | <p>k) Generating Location (Name): <u>Alliant Techsystems, Inc.</u></p> <p>l) Address: <u>Route 114</u>
 <u>Radford, VA 24141</u></p> <p>m) Telephone Number: <u>(540) 639-7631</u></p> <p>n) Asbestos ONLY - ☐ Friable; ☐ Both; <u> </u> % Friable
 ☐ Non-Friable ☐ N/A <u> </u> % non-Friable</p> <p>o) Type of Containers: T R</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">TYPE OF CONTAINERS</p> <p>TR - Truck</p> <p>DM - Metal Drum</p> <p>DP - Plastic Drum</p> <p>BA - Bag</p> <p>BB - 6 mil. Plastic Bag</p> <p>BC - 12 mil. Plastic Bag</p> </div> |
|--|---|

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 810-0508
d) Vehicle License No./State: 116-222P/VA
e) Trailer or Container No.: 3192
f) Name of Driver: X Pat Hansen
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Pat Hansen 8/13/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver _____

Date of Receipt _____

- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

SECTION 4

TRANSPORTER 2- (complete if applicable)

SECTION 5

DESTINATION - (Disposal Facility)

- a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20231 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-661-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type): J. Scudder
- f) The material delivered by the Transporter has been received at the
Disposal Facility. J. Scudder 8-16-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt

Signature of Driver _____

Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
~~6024~~ Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277776

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/16/2010 Vehicle# 123 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1200 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/16/2010 11:06:21	Inbound	judy		Tare	71450 lb 31780 lb
Out	08/16/2010 11:26:21	Outbound	judy		Net	39680 lb
					Tons	19.84

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.84	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

R EBY ml



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(840) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--	--	--

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 84 - Area B**
h) Disposal Volume: **(1) Load**
25 Tons ☐ Cubic Yards ☒ Other **1 Load**
i) Number of Containers: **One**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T	R
---	---

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

8-16-10

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **72-2006 / VA**
e) Trailer or Container No.: **3123 / 152**
f) Name of Driver: **X KENNETH E PAYNE**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X Kenneth E. Payne 8-16-10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-661-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. D. Dancy**
f) The material delivered by the Transporter has been received at the Disposal Facility.
J. D. Dancy 8-16-10
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Nettersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277777

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/16/2010 Vehicle# 422 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1201 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/16/2010 11:15:01	Inbound	judy		Tare	71260 lb
Out	08/16/2010 11:32:34	Outbound	judy		Net	31940 lb
					Tons	39320 lb
						19.66

Comments

Product	LD%	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	19.66	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

[Signature] 422

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**

m) Asbestos ONLY - ☐ Friable; ☐ Both; ☐ % Friable
☐ Non-Friable ☐ N/A ☐ % non-Friable

n) Type of Containers:

T R

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

23 Tons ☐ Cubic Yards ☒ Other **1 Load**

i) Number of Containers: **One**

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

8-16-10

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **14-8608 / VA**
e) Trailer or Container No.: **3422 / 25**
f) Name of Driver: **R. L. S. / D. S. R.**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: [Signature] Date of Receipt: 8-16-10
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2- (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: _____ Date of Receipt: _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver: _____ Date of Receipt: _____
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-861-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **[Signature]**
f) The material delivered by the Transporter has been received at the Disposal Facility.
Signature of Driver: [Signature] Date of Receipt: 8-16-10
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____
b) Operator's Address: _____
c) Telephone Number: () _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277808

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/16/2010 Vehicle# 224 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1205 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/16/2010 13:05:56	Inbound	judy		Tare	70740 lb
Out	08/16/2010 13:23:47	Outbound	judy		Net	25760 lb
					Tons	44980 lb
						22.49

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.49	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

GARY RITZER



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- a) Generator's Name: **Alliant Techsystems, Inc.**
- b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
- c) Generator's Representative: **Jeremy Flint**
- d) Telephone Number: **(540) 639-7668**
- e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--
- f) Common Name of Waste: **Lead Contaminated Soil**
- g) Description of Waste: **SWMU 54 - Area B**
- h) Disposal Volume: **(1) Load**
_____ Tons _____ Cubic Yards ☒ Other **1 Load**
- i) Number of Containers: **One**

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114
Radford, VA 24141**
- l) Telephone Number: **(540) 639-7631**

- m) Asbestos ONLY -

☐ Friable;	☐ Both;	_____ % Friable
☐ Non-Friable	☐ N/A	_____ % non-Friable
- n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

AUG. 16, 2010

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: **Thompson Trucking**
- b) Transporter's Address: **PO Box 969, Concord, VA**
- c) Telephone Number: **(434) 610-0508**
- d) Vehicle License No./State: **16-220P/VA**
- e) Trailer or Container No.: **348**
- f) Name of Driver: **SCOTT (PITZER)**
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
8/16/10
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver _____ Date of Receipt _____
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-861-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type): **A. Sanchez**
- f) The material delivered by the Transporter has been received at the Disposal Facility: **8-16-10**
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____
- b) Operator's Address: _____
- c) Telephone Number: () _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

- f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277809

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/16/2010 Vehicle# 161 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA 1D
Manifest 1206 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/16/2010 13:06:24	Inbound	judy		Tare	71940 1b 27140 1b
Out	08/16/2010 13:26:04	Outbound	judy		Net	44800 1b 22.40

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.40	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



Manifest No. 1206

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(540) 639-7631**

f) Common Name of Waste: Lead Contaminated Soil
g) Description of Waste: SWMU 54 - Area B
h) Disposal Volume: (1) Load

m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS

TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

_____ Tons _____ Cubic Yards X Other 1 Load
i) Number of Containers: One

o) I hereby warrant that the above named material is the same material as represented on the Special Waste Disposal Application identified by the above Waste Management Code and such material was delivered to the transporter on the shipment date referenced below.

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

AUG. 16, 2010
Shipment Date

TRANSFER FACILITY (complete if applicable)

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 16-232 P/VA
e) Trailer or Container No.: 3161
f) Name of Driver: Michael Gassler
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
8/11/16 8/16/16

Signature of Driver _____ Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver _____

Date of Receipt _____

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

DESTINATION - (Disposal Facility)

- a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was
received from the generator on the date of receipt referenced below:

Signature of Driver

Date of Receipt _____

h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

- a) Disposal Facility's Name: Amelia Landfill
- b) Physical Address: 20221 Maplewood Rd, Jetersville VA
- c) Telephone Number: 804-561-6111 23083
- d) Mailing Address: Same
- e) Name of Disposal Facility's
Authorized Agent (print/type) C. Saunders
- f) The material delivered by the Transporter has been received at the
Disposal Facility. C. Saunders 8-16-10
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal
at the Disposal Facility.

Signature of Driver _____

Date of Receipt: _____

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277810

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/16/2010 Vehicle# 100 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1203 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/16/2010 13:07:51	Inbound	judy		Tare	70860 lb
Out	08/16/2010 13:27:42	Outbound	judy		Net	25860 lb
					Tons	45000 lb
						22.50

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.50	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

JR Dillon



If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1**
Radford, VA 24143
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

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f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114**
Radford, VA 24141
l) Telephone Number: **(540) 639-7631**
m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP

Generator's Authorized Agent Name (print/type)

H.R. Blankenship
Signature of Generator's Authorized AgentAug 16, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-249 P/VA**
e) Trailer or Container No.: **3100**
f) Name of Driver: **JR DILLON**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
JR Dillon **8/16/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
JR Dillon
Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below:
Signature of Driver Date of Receipt

SECTION 5

DESTINATION (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): *J. Landfill*
f) The material delivered by the Transporter has been received at the Disposal Facility. *J. Landfill* **8-16-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277811

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/16/2010 Vehicle# 113 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1204 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/16/2010 13:09:21	Inbound	judy		Tare	71840 lb
Out	08/16/2010 13:30:22	Outbound	judy		Net	25940 lb
					Tons	45900 lb
						22.95

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.95	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

a) Generator's Name: **Alliant Techsystems, Inc.**
b) Generator's Address: **P.O. Box 1
Radford, VA 24143**
c) Generator's Representative: **Jeremy Flint**
d) Telephone Number: **(540) 639-7668**
e) WASTE MANAGEMENT APPROVAL CODE

--	--	--	--	--	--

f) Common Name of Waste: **Lead Contaminated Soil**
g) Description of Waste: **SWMU 54 - Area B**
h) Disposal Volume: **(1) Load**
_____ Tons **_____** Cubic Yards **X** Other **1 Load**
i) Number of Containers: **One**

j) Generating Location (Name): **Alliant Techsystems, Inc.**
k) Address: **Route 114
Radford, VA 24141**
l) Telephone Number: **(540) 639-7631**

m) Asbestos ONLY -

☐ Friable;	☐ Both;	☐ % Friable
☐ Non-Friable	☐ N/A	☐ % non-Friable

n) Type of Containers:

T	R
----------	----------

TYPE OF CONTAINERS
TR - Truck
DM - Metal Drum
DP - Plastic Drum
BA - Bag
BB - 6 mil. Plastic Bag
BC - 12 mil. Plastic Bag

H. R. BLANKENSHIP
Generator's Authorized Agent Name (print/type)

H. R. Blankenship
Signature of Generator's Authorized Agent

AUG. 18, 2010
Shipment Date

SECTION 2

TRANSPORTER 1

a) Transporter's Name: **Thompson Trucking**
b) Transporter's Address: **PO Box 969, Concord, VA**
c) Telephone Number: **(434) 610-0508**
d) Vehicle License No./State: **16-245P/VA**
e) Trailer or Container No.: **3113**
f) Name of Driver: **James K. Kivette**
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
X *James Kivette* **8/16/10**
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY - (complete if applicable)

a) Transfer Facility's Name: _____
b) Transfer Facility's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 4

TRANSPORTER 2 - (complete if applicable)

a) Transporter's Name: _____
b) Transporter's Address: _____
c) Telephone Number: () _____
d) Vehicle License No./State: _____
e) Trailer or Container No.: _____
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:

Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

SECTION 5

DESTINATION - (Disposal Facility)

a) Disposal Facility's Name: **Amelia Landfill**
b) Physical Address: **30321 Maplewood Rd, Jetersville VA**
c) Telephone Number: **804-561-6111** **23083**
d) Mailing Address: **Same**
e) Name of Disposal Facility's Authorized Agent (print/type): **J. J. J. J. J.**
f) The material delivered by the Transporter has been received at the Disposal Facility:
J. J. J. J. J. **8-16-10**
Signature of Driver Date of Receipt
g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver Date of Receipt

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date

f) Responsible Agency Name and Address: _____

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277812

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/16/2010 Vehicle# 145 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1207 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/16/2010 13:11:45	Inbound	judy		Tare	76160 lb 31020 lb
Out	08/16/2010 13:32:17	Outbound	judy		Net	45140 lb
					Tons	22.57

Comments

Product	LDX	Qty	UDM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.57	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature



Waste Landfill
20221 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277857

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/17/2010 Vehicle# 195 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1208 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/17/2010 07:19:33	Inbound	judy		Tare	70120 1b
Out	08/17/2010 07:41:50	Outbound	judy		Net	25200 1b
					Tons	44920 1b
						22.46

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	22.46	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature





Manifest No. 1208

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): Alliant Techsystems, Inc.
- k) Address: Route 114
Radford, VA 24141
- l) Telephone Number: (540) 639-7631
- | | | | | |
|--|--|---|---|---|
| | | 1 | 0 | 1 |
|--|--|---|---|---|

7	7	0	V	A
---	---	---	---	---
- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:

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H. R. BLANKENSHIP

Generator's Authorized Agent Name (print type)

Signature of Generator's Authorized Agent

Shipment Date

TRANSFER FACILITY - (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|---------------------|-----------------|
| Signature of Driver | Date of Receipt |
| _____ | _____ |
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver

Date of Receipt _____

Signature of Driver _____

Date of Receipt _____

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print/type) **J. Samuels**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Samuels 8-17-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.

Signature of Driver

Date of Receipt _____

Signature of Driver _____

Date of Receipt _____

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
b) Operator's Address: _____
d) Recommended special handling instructions and additional information: _____
e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20321 Maplewood Rd
Jetersville, VA, 23083
Ph: (804) 561-5787

Original
Ticket# 277993

Customer Name Shaw E and I (Area B) Shaw E Carrier THOMPSON Thompson trucking, Inc.
Ticket Date 08/18/2010 Vehicle# 142 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0001514
State Waste Code Gen EPA ID
Manifest 1202 Grid
Destination
PO 1) 5691780P 2) 5691780P 3) 5691780P
Profile 101770VA (Non Hazardous Soils)
Generator 185-ALLIANT TECH SYSTEMS INC Alliant Tech Systems Inc (RFAAP)

	Time	Scale	Operator	Inbound	Gross	
In	08/18/2010 07:32:18	Inbound	judy		Tare	73580 lb
Out	08/18/2010 08:09:29	Outbound	judy		Net	31080 lb
					Tons	42500 lb
						21.25

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Met-Tons	100	21.25	Tons				VA
2 FUEL-Fuel Surcharg	100		%				VA
3 EVF-P-Standard Env	100		%				VA

Total Fees
Total Ticket

Driver's Signature

Ray Jones



Manifest No.

1202

If waste is asbestos waste, complete all Sections.
If waste is NOT asbestos waste, complete only Sections 1, 2, 3, 4 and 5.

SECTION 1

GENERATOR INFORMATION (generator to complete)

- j) Generating Location (Name): **Alliant Techsystems, Inc.**
- k) Address: **Route 114**
Radford, VA 24141
- l) Telephone Number: **(840) 639-7631**

- m) Asbestos ONLY - ☐ Friable; ☐ Both; _____ % Friable
☐ Non-Friable ☐ N/A _____ % non-Friable
- n) Type of Containers:

TYPE OF CONTAINERS
 TR - Truck
 DM - Metal Drum
 DP - Plastic Drum
 BA - Bag
 BB - 6 mil. Plastic Bag
 BC- 12 mil. Plastic Bag

Generator's Authorized Agent Name (print/type)

Signature of Generator's Authorized Agent

Shipment Date

SECTION 2

TRANSPORTER 1

- a) Transporter's Name: Thompson Trucking
b) Transporter's Address: PO Box 969, Concord, VA
c) Telephone Number: (434) 610-0508
d) Vehicle License No./State: 72-179 PY/VA
e) Trailer or Container No.: 3142/54
f) Name of Driver: _____
g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
Ray Lowe 8/16/10
Signature of Driver Date of Receipt
h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
Ray Lowe
Signature of Driver Date of Receipt

SECTION 3

TRANSFER FACILITY (complete if applicable)

- a) Transfer Facility's Name: _____
- b) Transfer Facility's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 4

TRANSPORTER 2- (complete if applicable)

- a) Transporter's Name: _____
- b) Transporter's Address: _____
- c) Telephone Number: () _____
- d) Vehicle License No./State: _____
- e) Trailer or Container No.: _____
- f) Name of Driver: _____
- g) I hereby warrant that the above named and described material was received from the generator on the date of receipt referenced below:
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|
- h) I hereby warrant that the above described material was delivered without incident or contamination on the date of delivery referenced below.
- | | |
|------------------------------|--------------------------|
| _____
Signature of Driver | _____
Date of Receipt |
|------------------------------|--------------------------|

SECTION 5

DESTINATION - (Disposal Facility)

- a) Disposal Facility's Name: **Amelia Landfill**
- b) Physical Address: **20221 Maplewood Rd, Jetersville VA**
- c) Telephone Number: **804-561-6111** **23083**
- d) Mailing Address: **Same**
- e) Name of Disposal Facility's Authorized Agent (print type): **J. Landfill**
- f) The material delivered by the Transporter has been received at the Disposal Facility. **J. Landfill 8-18-10**
- Signature of Driver _____ Date of Receipt _____
- g) The material delivered by the Transporter has been rejected for disposal at the Disposal Facility.
- Signature of Driver _____ Date of Receipt _____

SECTION 6

ASBESTOS (operator to complete)

"Operator" is defined as the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

- a) Operator's Name: _____ c) Telephone Number: () _____
- b) Operator's Address: _____
- d) Recommended special handling instructions and additional information: _____
- e) Operator's Certification: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulation, ordinances, orders, rules and/or standards.

Operator's Name (print/type)

Signature of Operator's Authorized Agent

Date _____

- f) Responsible Agency Name and Address:

Destination (White) • Transporter (Yellow) • Transporter (Pink) • Generator (Gold)



Amelia Landfill
20221 Maplewood Rd
Jetersville, VA 23083-2105
804-561-5787
804-834-8005 Fax

Virginia Department of Environmental Quality Solid Waste Permit No.: 540

To: Shaw E and I (Area B)

CERTIFICATE OF DISPOSAL

Ameila Landfill has received the following loads:

Ticket Date	Ticket ID	Customer	Generator	Manifest	Profile	Truck	Material Description	Origin	Tons
04/28/2010	264491	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1002	101770VA	427	Cont. Soil - Metals	VA	26.99
04/28/2010	264492	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1001	101770VA	57	Cont. Soil - Metals	VA	17.40
04/28/2010	264522	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1003	101770VA	432	Cont. Soil - Metals	VA	24.44
04/28/2010	264523	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1004	101770VA	455	Cont. Soil - Metals	VA	23.97
04/29/2010	264563	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1006	101770VA	422	Cont. Soil - Metals	VA	24.78
04/29/2010	264564	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1009	101770VA	153	Cont. Soil - Metals	VA	21.47
04/29/2010	264566	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1012	101770VA	166	Cont. Soil - Metals	VA	22.89
04/29/2010	264569	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1011	101770VA	3089	Cont. Soil - Metals	VA	23.78
04/29/2010	264570	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1014	101770VA	3192	Cont. Soil - Metals	VA	22.82
04/29/2010	264571	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1015	101770VA	143	Cont. Soil - Metals	VA	22.40
04/29/2010	264572	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1007	101770VA	199	Cont. Soil - Metals	VA	24.22
04/29/2010	264573	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1008	101770VA	180	Cont. Soil - Metals	VA	16.85
04/29/2010	264576	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1013	101770VA	3578	Cont. Soil - Metals	VA	21.26
04/29/2010	264577	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1010	101770VA	460	Cont. Soil - Metals	VA	20.43
04/29/2010	264649	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1017	101770VA	427	Cont. Soil - Metals	VA	26.73
04/29/2010	264650	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1016	101770VA	57	Cont. Soil - Metals	VA	26.01
04/29/2010	264658	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1005	101770VA	145	Cont. Soil - Metals	VA	23.25
04/29/2010	264678	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1018	101770VA	432	Cont. Soil - Metals	VA	24.42
04/29/2010	264679	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1019	101770VA	437	Cont. Soil - Metals	VA	24.10
04/30/2010	264718	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1022	101770VA	153	Cont. Soil - Metals	VA	26.13

04/30/2010	264721	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1023	101770VA	166	Cont. Soil - Metals	VA	21.95
04/30/2010	264722	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1028	101770VA	143	Cont. Soil - Metals	VA	25.67
04/30/2010	264723	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1029	101770VA	460	Cont. Soil - Metals	VA	24.80
04/30/2010	264724	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1025	101770VA	180	Cont. Soil - Metals	VA	20.21
04/30/2010	264726	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1026	101770VA	3089	Cont. Soil - Metals	VA	25.04
04/30/2010	264727	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1027	101770VA	3192	Cont. Soil - Metals	VA	21.14
04/30/2010	264728	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1024	101770VA	199	Cont. Soil - Metals	VA	23.34
04/30/2010	264788	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1031	101770VA	422	Cont. Soil - Metals	VA	25.50
04/30/2010	264791	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1032	101770VA	57	Cont. Soil - Metals	VA	20.80
04/30/2010	264824	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1033	101770VA	432	Cont. Soil - Metals	VA	26.46
05/03/2010	264904	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1020	101770VA	145	Cont. Soil - Metals	VA	23.54
05/03/2010	264944	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1021	101770VA	126	Cont. Soil - Metals	VA	23.04
05/03/2010	264983	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1035	101770VA	247	Cont. Soil - Metals	VA	20.70
05/03/2010	265000	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1037	101770VA	57	Cont. Soil - Metals	VA	24.78
05/03/2010	265001	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1036	101770VA	197	Cont. Soil - Metals	VA	24.01
05/04/2010	265040	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1038	101770VA	187	Cont. Soil - Metals	VA	25.07
05/04/2010	265043	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1039	101770VA	153	Cont. Soil - Metals	VA	23.80
05/04/2010	265048	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1041	101770VA	223	Cont. Soil - Metals	VA	17.72
05/04/2010	265049	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1040	101770VA	199	Cont. Soil - Metals	VA	23.33
05/04/2010	265052	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1042	101770VA	180	Cont. Soil - Metals	VA	21.91
05/04/2010	265056	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1043	101770VA	3578	Cont. Soil - Metals	VA	23.65
05/04/2010	265142	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1045	101770VA	437	Cont. Soil - Metals	VA	25.22
05/04/2010	265143	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1044	101770VA	145	Cont. Soil - Metals	VA	25.99
05/04/2010	265177	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1046	101770VA	247	Cont. Soil - Metals	VA	16.10
05/04/2010	265178	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1047	101770VA	197	Cont. Soil - Metals	VA	15.26
05/04/2010	265199	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1048	101770VA	3089	Cont. Soil - Metals	VA	19.59
05/04/2010	265202	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1049	101770VA	3138	Cont. Soil - Metals	VA	21.29
05/05/2010	265215	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1054	101770VA	153	Cont. Soil - Metals	VA	24.04
05/05/2010	265216	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1055	101770VA	187	Cont. Soil - Metals	VA	21.41
05/05/2010	265219	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1059	101770VA	100	Cont. Soil - Metals	VA	23.68
05/05/2010	265223	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1053	101770VA	180	Cont. Soil - Metals	VA	18.92
05/05/2010	265226	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1056	101770VA	223	Cont. Soil - Metals	VA	21.20

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05/05/2010	265227	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1051	101770VA	199	Cont. Soil - Metals	VA	23.03
05/05/2010	265230	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1034	101770VA	455	Cont. Soil - Metals	VA	22.98
05/05/2010	265231	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1060	101770VA	135	Cont. Soil - Metals	VA	23.91
05/05/2010	265232	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1058	101770VA	427	Cont. Soil - Metals	VA	22.13
05/05/2010	265233	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1057	101770VA	422	Cont. Soil - Metals	VA	20.31
05/05/2010	265245	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1052	101770VA	113	Cont. Soil - Metals	VA	23.52
05/05/2010	265255	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1050	101770VA	126	Cont. Soil - Metals	VA	19.65
05/05/2010	265311	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1062	101770VA	224	Cont. Soil - Metals	VA	22.14
05/05/2010	265312	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1061	101770VA	195	Cont. Soil - Metals	VA	21.10
05/05/2010	265320	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1063	101770VA	145	Cont. Soil - Metals	VA	19.78
05/05/2010	265345	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1064	101770VA	432	Cont. Soil - Metals	VA	23.08
05/05/2010	265346	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1065	101770VA	197	Cont. Soil - Metals	VA	20.69
05/05/2010	265381	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1066	101770VA	3089	Cont. Soil - Metals	VA	19.83
05/05/2010	265382	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1067	101770VA	138	Cont. Soil - Metals	VA	21.50
05/06/2010	265406	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1069	101770VA	187	Cont. Soil - Metals	VA	23.03
05/06/2010	265407	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1068	101770VA	153	Cont. Soil - Metals	VA	22.36
05/06/2010	265414	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1074	101770VA	199	Cont. Soil - Metals	VA	19.27
05/06/2010	265416	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1076	101770VA	180	Cont. Soil - Metals	VA	16.60
05/06/2010	265417	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1077	101770VA	100	Cont. Soil - Metals	VA	19.42
05/06/2010	265422	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1075	101770VA	223	Cont. Soil - Metals	VA	18.10
05/06/2010	265425	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1072	101770VA	455	Cont. Soil - Metals	VA	22.12
05/06/2010	265426	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1073	101770VA	427	Cont. Soil - Metals	VA	21.35
05/06/2010	265427	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1070	101770VA	135	Cont. Soil - Metals	VA	22.21
05/06/2010	265428	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1071	101770VA	422	Cont. Soil - Metals	VA	22.73
05/06/2010	265502	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1078	101770VA	126	Cont. Soil - Metals	VA	26.45
05/06/2010	265503	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1079	101770VA	161	Cont. Soil - Metals	VA	22.76
05/06/2010	265509	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1081	101770VA	432	Cont. Soil - Metals	VA	22.13
05/06/2010	265521	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1080	101770VA	113	Cont. Soil - Metals	VA	18.59
05/06/2010	265530	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1082	101770VA	3087	Cont. Soil - Metals	VA	20.87
05/06/2010	265565	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1084	101770VA	138	Cont. Soil - Metals	VA	20.41
05/06/2010	265571	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1083	101770VA	3089	Cont. Soil - Metals	VA	21.28
05/07/2010	265578	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1091	101770VA	166	Cont. Soil - Metals	VA	18.76

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05/07/2010	265581	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1089	101770VA	100	Cont. Soil - Metals	VA	21.79
05/07/2010	265588	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1092	101770VA	143	Cont. Soil - Metals	VA	20.90
05/07/2010	265589	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1093	101770VA	460	Cont. Soil - Metals	VA	18.34
05/07/2010	265590	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1087	101770VA	135	Cont. Soil - Metals	VA	22.82
05/07/2010	265601	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1088	101770VA	211	Cont. Soil - Metals	VA	24.81
05/10/2010	265752	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1086	101770VA	427	Cont. Soil - Metals	VA	25.78
05/12/2010	266070	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1085	101770VA	455	Cont. Soil - Metals	VA	26.14
05/12/2010	266096	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1090	101770VA	126	Cont. Soil - Metals	VA	26.65
05/27/2010	267795	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1096	101770VA	195	Cont. Soil - Metals	VA	24.75
05/28/2010	267820	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1098	101770VA	166	Cont. Soil - Metals	VA	23.93
05/28/2010	267821	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1102	101770VA	161	Cont. Soil - Metals	VA	23.74
05/28/2010	267824	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1097	101770VA	153	Cont. Soil - Metals	VA	23.89
05/28/2010	267825	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1101	101770VA	460	Cont. Soil - Metals	VA	21.31
05/28/2010	267826	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1100	101770VA	187	Cont. Soil - Metals	VA	21.49
05/28/2010	267840	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1099	101770VA	3578	Cont. Soil - Metals	VA	21.50
06/01/2010	268011	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1094	101770VA	455	Cont. Soil - Metals	VA	22.77
06/01/2010	268060	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1104	101770VA	432	Cont. Soil - Metals	VA	26.43
06/01/2010	268064	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1105	101770VA	437	Cont. Soil - Metals	VA	28.51
06/01/2010	268086	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1106	101770VA	422	Cont. Soil - Metals	VA	24.13
06/01/2010	268091	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1107	101770VA	135	Cont. Soil - Metals	VA	26.93
06/01/2010	268092	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1108	101770VA	3087	Cont. Soil - Metals	VA	26.78
06/02/2010	268143	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1111	101770VA	153	Cont. Soil - Metals	VA	22.04
06/02/2010	268144	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1112	101770VA	460	Cont. Soil - Metals	VA	21.63
06/02/2010	268156	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1110	101770VA	3578	Cont. Soil - Metals	VA	21.59
06/02/2010	268164	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1109	101770VA	455	Cont. Soil - Metals	VA	25.58
06/02/2010	268219	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1113	101770VA	432	Cont. Soil - Metals	VA	27.34
06/02/2010	268220	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1114	101770VA	145	Cont. Soil - Metals	VA	22.98
06/02/2010	268258	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1115	101770VA	187	Cont. Soil - Metals	VA	23.72
06/02/2010	268259	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1116	101770VA	166	Cont. Soil - Metals	VA	23.96
06/02/2010	268272	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1117	101770VA	422	Cont. Soil - Metals	VA	22.54
06/02/2010	268273	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1118	101770VA	197	Cont. Soil - Metals	VA	27.65
06/03/2010	268303	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1121	101770VA	153	Cont. Soil - Metals	VA	22.96

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06/03/2010	268304	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1120	101770VA	460	Cont. Soil - Metals	VA	22.69
06/03/2010	268317	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1122	101770VA	3578	Cont. Soil - Metals	VA	19.65
06/03/2010	268393	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1124	101770VA	197	Cont. Soil - Metals	VA	23.46
06/03/2010	268420	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1125	101770VA	166	Cont. Soil - Metals	VA	22.83
06/03/2010	268428	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1126	101770VA	437	Cont. Soil - Metals	VA	20.11
06/03/2010	268429	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1127	101770VA	57	Cont. Soil - Metals	VA	23.75
06/04/2010	268476	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1129	101770VA	161	Cont. Soil - Metals	VA	26.90
06/04/2010	268534	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1130	101770VA	145	Cont. Soil - Metals	VA	25.48
06/04/2010	268550	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1128	101770VA	422	Cont. Soil - Metals	VA	21.78
06/04/2010	268560	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1132	101770VA	437	Cont. Soil - Metals	VA	24.47
06/04/2010	268561	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1131	101770VA	197	Cont. Soil - Metals	VA	20.96
06/04/2010	268583	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1133	101770VA	432	Cont. Soil - Metals	VA	26.72
06/04/2010	268584	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1134	101770VA	3087	Cont. Soil - Metals	VA	22.54
06/04/2010	268595	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1135	101770VA	110	Cont. Soil - Metals	VA	21.62
06/04/2010	268602	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1136	101770VA	135	Cont. Soil - Metals	VA	26.90
06/07/2010	268655	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1138	101770VA	160	Cont. Soil - Metals	VA	22.74
06/07/2010	268656	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1139	101770VA	460	Cont. Soil - Metals	VA	22.78
06/07/2010	268659	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1140	101770VA	422	Cont. Soil - Metals	VA	19.08
06/07/2010	268663	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1137	101770VA	3578	Cont. Soil - Metals	VA	20.60
06/07/2010	268743	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1142	101770VA	115	Cont. Soil - Metals	VA	20.88
06/07/2010	268744	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1141	101770VA	197	Cont. Soil - Metals	VA	21.96
06/07/2010	268770	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1143	101770VA	3087	Cont. Soil - Metals	VA	28.93
06/07/2010	268775	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1147	101770VA	57	Cont. Soil - Metals	VA	22.06
06/07/2010	268777	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1144	101770VA	126	Cont. Soil - Metals	VA	27.76
06/07/2010	268778	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1146	101770VA	135	Cont. Soil - Metals	VA	26.39
06/08/2010	268830	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1148	101770VA	422	Cont. Soil - Metals	VA	22.47
06/08/2010	268831	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1095	101770VA	427	Cont. Soil - Metals	VA	28.41
06/08/2010	268853	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1150	101770VA	247	Cont. Soil - Metals	VA	18.34
06/08/2010	268874	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1149	101770VA	145	Cont. Soil - Metals	VA	20.92
06/08/2010	268908	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1152	101770VA	197	Cont. Soil - Metals	VA	21.30
06/08/2010	268926	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1153	101770VA	135	Cont. Soil - Metals	VA	25.14
06/08/2010	268927	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1154	101770VA	57	Cont. Soil - Metals	VA	22.50

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06/08/2010	268968	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1155	101770VA	116	Cont. Soil - Metals	VA	23.73
06/09/2010	268994	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1156	101770VA	187	Cont. Soil - Metals	VA	20.71
06/09/2010	269001	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1157	101770VA	126	Cont. Soil - Metals	VA	22.65
06/09/2010	269002	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1123	101770VA	455	Cont. Soil - Metals	VA	25.31
06/09/2010	269005	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1159	101770VA	3192	Cont. Soil - Metals	VA	20.45
06/09/2010	269021	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1151	101770VA	115	Cont. Soil - Metals	VA	17.28
06/09/2010	269027	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1158	101770VA	3089	Cont. Soil - Metals	VA	21.65
06/09/2010	269071	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1161	101770VA	437	Cont. Soil - Metals	VA	20.30
06/09/2010	269072	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1160	101770VA	3087	Cont. Soil - Metals	VA	21.86
06/09/2010	269097	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1162	101770VA	197	Cont. Soil - Metals	VA	22.87
06/09/2010	269100	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1163	101770VA	247	Cont. Soil - Metals	VA	23.68
06/09/2010	269108	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1164	101770VA	57	Cont. Soil - Metals	VA	22.19
06/09/2010	269118	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1165	101770VA	432	Cont. Soil - Metals	VA	22.10
06/10/2010	269144	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1119	101770VA	427	Cont. Soil - Metals	VA	23.11
06/10/2010	269145	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1166	101770VA	115	Cont. Soil - Metals	VA	21.93
06/10/2010	269146	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1167	101770VA	247	Cont. Soil - Metals	VA	22.72
06/10/2010	269180	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1168	101770VA	145	Cont. Soil - Metals	VA	20.41
06/11/2010	269291	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1172	101770VA	422	Cont. Soil - Metals	VA	29.74
06/11/2010	269292	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1170	101770VA	432	Cont. Soil - Metals	VA	20.97
06/11/2010	269293	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1171	101770VA	135	Cont. Soil - Metals	VA	28.52
06/11/2010	269388	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1173	101770VA	437	Cont. Soil - Metals	VA	24.47
06/11/2010	269389	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1174	101770VA	3087	Cont. Soil - Metals	VA	21.58
06/17/2010	270034	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1169	101770VA	126	Cont. Soil - Metals	VA	24.46
07/22/2010	274744	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1175	101770VA	432	Cont. Soil - Metals	VA	25.17
07/22/2010	274745	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1176	101770VA	195	Cont. Soil - Metals	VA	22.23
07/22/2010	274784	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1178	101770VA	110	Cont. Soil - Metals	VA	22.67
07/22/2010	274786	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1177	101770VA	57	Cont. Soil - Metals	VA	21.24
07/23/2010	274836	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1179	101770VA	455	Cont. Soil - Metals	VA	24.18
07/23/2010	274837	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1180	101770VA	422	Cont. Soil - Metals	VA	18.93
07/23/2010	274838	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1181	101770VA	197	Cont. Soil - Metals	VA	17.11
07/23/2010	274839	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1182	101770VA	145	Cont. Soil - Metals	VA	21.77
07/23/2010	274943	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1185	101770VA	432	Cont. Soil - Metals	VA	24.98

6 | From everyday collection to environmental protection, Think Green®, Think Waste Management.

07/23/2010	274950	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1186	101770VA	437	Cont. Soil - Metals	VA	24.22
07/23/2010	274990	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1188	101770VA	110	Cont. Soil - Metals	VA	22.12
07/23/2010	274991	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1187	101770VA	57	Cont. Soil - Metals	VA	20.67
07/26/2010	275057	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1194	101770VA	113	Cont. Soil - Metals	VA	21.35
07/26/2010	275059	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1184	101770VA	126	Cont. Soil - Metals	VA	19.88
07/26/2010	275060	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1192	101770VA	195	Cont. Soil - Metals	VA	19.73
07/26/2010	275061	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1193	101770VA	224	Cont. Soil - Metals	VA	19.70
07/26/2010	275062	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1189	101770VA	3081	Cont. Soil - Metals	VA	18.10
07/26/2010	275063	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1190	101770VA	100	Cont. Soil - Metals	VA	18.77
07/26/2010	275068	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1191	101770VA	115	Cont. Soil - Metals	VA	22.50
07/26/2010	275102	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1183	101770VA	247	Cont. Soil - Metals	VA	22.09
08/13/2010	277669	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1195	101770VA	224	Cont. Soil - Metals	VA	19.90
08/13/2010	277670	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1196	101770VA	100	Cont. Soil - Metals	VA	20.21
08/13/2010	277671	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1197	101770VA	113	Cont. Soil - Metals	VA	19.90
08/16/2010	277728	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1198	101770VA	3089	Cont. Soil - Metals	VA	19.30
08/16/2010	277731	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1199	101770VA	3192	Cont. Soil - Metals	VA	22.16
08/16/2010	277776	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1200	101770VA	123	Cont. Soil - Metals	VA	19.84
08/16/2010	277777	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1201	101770VA	422	Cont. Soil - Metals	VA	19.66
08/16/2010	277808	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1205	101770VA	224	Cont. Soil - Metals	VA	22.49
08/16/2010	277809	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1206	101770VA	161	Cont. Soil - Metals	VA	22.40
08/16/2010	277810	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1203	101770VA	100	Cont. Soil - Metals	VA	22.50
08/16/2010	277811	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1204	101770VA	113	Cont. Soil - Metals	VA	22.95
08/16/2010	277812	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1207	101770VA	145	Cont. Soil - Metals	VA	22.57
08/17/2010	277857	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1208	101770VA	195	Cont. Soil - Metals	VA	22.46
08/18/2010	277993	Shaw E & I	185-ALLIANT TECH SYSTEMS INC	1202	101770VA	142	Cont. Soil - Metals	VA	21.25
Material Total	205								4620.78

Amelia Landfill hereby certifies that the above referenced loads were received on the above dates and were disposed of in compliance with all State and Federal regulations.

Certification:

I hereby certify that the above described waste was

X (a) disposed by Secure Landfill

(b) Destroyed by incineration

At the above disposal site on the same date the waste material was received.

Pam Pfeiffer
Name of authorized Agent

Pam Pfeiffer
Authorized Signature

2-8-11
Date

Appendix C-3

Hazardous Waste – Area A

RADFORD ARSENAL

Truck Log - Hazardous Waste

Shaw Project No. 136880

SWMU 54 - Area A

							Actual Tons
Ship Date	Truck/Trailer No.	Plate No.	State	Time In	Time Out	Manifest No.	Shipped
04/13/10	800/38819	54-58	MO	0800	0905	006160792 JJK	24.58
	794/38624	66APIV	MO	0800	0905	006160793 JJK	23.40
	502/58	422007	IL	0910	1015	006160794 JJK	24.83
	680/54	P642682	IL	0910	1015	006160795 JJK	25.47
	968/52	P499050	IL	1145	1245	006160796 JJK	26.95
	690/55	P558423	IL	1145	1245	006160797 JJK	25.58
	7177/57	346919	IN	1245	1345	007198948 JJK	26.39
	6191/56	249902	IN	1245	1345	007198949 JJK	25.61
04/13/10	917/3812	P660509	IL	0715	0815	007198950 JJK	24.65
	556/3803	P660508	IL	0715	0815	007198951 JJK	24.40
	7175/38803	309258	IN	1050	1135	007198952 JJK	25.61
	7164/38802	224244	IN	1050	1135	007198953 JJK	26.19
	9176/38817	1123220	IN	1200	1315	007198954 JJK	26.11
	7170/38800	329396	IN	1315	1420	007198955 JJK	26.25
	7153/38621	224208	IN	1315	1420	007198956 JJK	25.50
04/27/10	104/104A	AF 56968	PA	0720	0840	007198578 JJK	27.85
	146/146A	AF 45353	PA	0720	0840	007198579 JJK	23.76
	112/112A	AF 54038	PA	0840	0940	007198580 JJK	25.02
	110/110A	AF 64192	PA	0840	0940	007198581 JJK	24.94
	105/105A	MA 3273	NC	0940	1035	007198582 JJK	30.28
	118/118A	AF 63750	PA	0940	1035	007198583 JJK	34.85
08/05/10	136/136A	BA 511727	WV	0715	0830	007178175 JJK	22.50
	110/110A	AF 64192	PA	0715	0830	007178176 JJK	23.00
	146/146A	AF 45353	PA	0830	0930	007178177 JJK	23.00
	105/105A	MA 3273	NC	0830	0930	007178178 JJK	23.00
	129/129A	AF 58510	PA	0930	1035	007178179 JJK	23.00
	196/196A	AF 58516	PA	0930	1035	007178180 JJK	23.00
	1772/114B	AF 64188	PA	1035	1135	007178181 JJK	23.00
08/06/10	119/119A	RA 51735	MI	0755	0855	007178182 JJK	22.50
	1296/1297A	AF 50286	PA	0755	0855	007178183 JJK	24.00
	138/138A	AF 37311	PA	0900	0955	007178184 JJK	24.00
	135/135A	AF 37316	PA	0900	0955	007178185 JJK	23.00
	150/150A	AF 50946	PA	1005	1100	007178186 JJK	22.00
	1275/1275A	AE 45857	PA	1005	1100	007178187 JJK	23.00
	571/2571	59683 HZ	TN	1250	1330	007178188 JJK	23.00
	35						870.22

Truck Log - Hazardous Waste

SWMU 54 - Area B

							Actual Tons
Ship Date	Truck/Trailer No.	Plate No.	State	Time In	Time Out	Manifest No.	Shipped

04/22/10	169/4210	1015115	IN	0725	0840	007198844 JJK	21.01
	104/104A	AF 56968	PA	0725	0840	007198843 JJK	26.23
	158/158A	AF 60061	PA	0840	0950	007198845 JJK	23.80
	6191/56	249902	IN	0840	0950	007198957 JJK	26.45
	7175/38803	309258	IN	0950	1055	007198958 JJK	25.98
	9162/51	10872491	IN	0950	1055	007198959 JJK	25.38
	7170/38800	329396	IN	1055	1150	007198960 JJK	26.51
	7164/38802	224244	IN	1055	1150	007198961 JJK	25.37
	7162/38805	309274	IN	1200	1310	007198850 JJK	29.63
	160/160A	AE 74317	PA	1200	1310	007198846 JJK	26.53
	556/3803	P660508	IL	1310	1420	007198851 JJK	24.78
	186/186A	AF 37312	PA	1310	1420	007198847 JJK	22.82
	917/3812	P660509	IL	1420	1525	007198852 JJK	24.78
	7153/38621	224208	IN	1420	1525	007198853 JJK	25.70
	108/108A	AF 69607	PA	1525	1635	007198848 JJK	19.96
	197/197A	24424PA	NY	1525	1636	007198849 JJK	22.77
04/23/10	119/119A	RA 51735	MI	0715	0820	007198731 JJK	23.20
	110/110A	AF 64192	PA	0715	0820	007198732 JJK	24.84
	103/103A	134252	IN	0820	0920	007198733 JJK	25.37
	135/135A	AF 37316	PA	0820	0920	007198734 JJK	22.72
	112/112A	AF 54038	PA	0920	1020	007198735 JJK	23.31
	118/118A	AF 63750	PA	0920	1020	007198736 JJK	25.71
	152/152A	PVJ8819	OH	1020	1105	007198737 JJK	22.42
	105/105A	MA 3273	NC	1020	1105	007198738 JJK	25.61
	162/162A	AF 64188	PA	1115	1215	007198739 JJK	22.12
	1603/1603A	AF 64191	PA	1115	1215	007198740 JJK	23.47
	176/176A	AF 52110	PA	1215	1315	007198741 JJK	22.79
	102/102A	AF 13874	PA	1215	1315	007198742 JJK	22.94
	136/136A	BA 511727	WV	1320	1415	007198743 JJK	24.93
	146/146A	AF 45353	PA	1320	1415	007198744 JJK	25.52
	191/191A	AF 52837	PA	1415	1520	007198745 JJK	27.14
	147/147A	AF 64010	PA	1415	1520	007198746 JJK	27.90
04/26/10	160/160A	AE 74317	PA	0720	0830	007198747 JJK	23.91
	157/157A	AF 48980	PA	0720	0830	007198748 JJK	21.57
	133/133A	AF 37318	PA	0830	0935	007198854 JJK	24.51
	186/186A	AF 37312	PA	0830	0935	007198855 JJK	23.09
	192-2/192-2A	AF 11349	PA	0935	1100	007198856 JJK	22.97
	192-6/192-6A	AF 61921	PA	0935	1100	007198857 JJK	22.15
	120-1/120-1A	AF 57278	PA	1110	1215	007198858 JJK	21.55
	120/120A	AF 64190	PA	1110	1215	007198859 JJK	25.19
	130/130A	AF 62314	PA	1215	1310	007198860 JJK	24.57
	1222/1222A	AF 64157	PA	1215	1310	007198861 JJK	25.50
	1222-1/1222-1A	AF 72821	PA	1310	1400	007198862 JJK	25.39
	351/351A	AF 65622	PA	1310	1400	007198863 JJK	24.06
	196/196A	AF 58516	PA	1400	1500	007198864 JJK	24.22
	158/158A	AF 60061	PA	1400	1500	007198865 JJK	22.61
	150/150A	AF 50946	PA	1510	1620	007198866 JJK	20.79
	192-7/192-7A	AF 64436	PA	1510	1620	007198867 JJK	22.78
04/27/10	136/136A	BA 511727	WV	1045	1140	007198584 JJK	23.49
	103/103A	134252	IN	1045	1140	007198585 JJK	26.61
	147/147A	AF 64010	PA	1145	1240	007198586 JJK	26.39
	191/191A	AF 52837	PA	1145	1240	007198587 JJK	27.65

	135/135A	AF 36316	PA	1240	1330	007198588 JJK	25.62
	119/119A	RA 51735	MI	1330	1445	007198589 JJK	25.52
	169/169A	1015115	IN	1330	1445	007198868 JJK	27.29
	177/177A	AF 64188	PA	1445	1545	007198869 JJK	24.51
05/10/10	160/160A	AE 74317	PA	0710	0800	007198870 JJK	24.40
	157/157A	AF 48980	PA	0710	0800	007198871 JJK	23.08
	105/105A	MA 3273	NC	0800	0855	007198872 JJK	24.11
	154/154A	AF 6413	PA	0800	0855	007198873 JJK	23.61
	196/196A	AF 58516	PA	0900	1000	007198874 JJK	23.82
	192-2/192-2A	AF 11349	PA	0900	1000	007198875 JJK	24.90
	7164/38802	224244	IN	1000	1100	007198876 JJK	26.20
	7170/38800	329396	IN	1000	1100	007198877 JJK	26.29
	146/146A	AF 45353	PA	1100	1200	007198878 JJK	26.82
	138/138A	AF 37311	PA	1100	1200	007198879 JJK	31.03
	110/110A	AF 64192	PA	1130	1230	007198880 JJK	26.98
	119/119A	RA 51735	MI	1130	1230	007198881 JJK	26.61
05/12/10	103/103A	134252	IN	0700	0800	007198882 JJK	25.03
	102/102A	AF 13874	PA	0800	0900	007198883 JJK	24.68
	102-1/102-1A	AF 49598	PA	0800	0900	007198884 JJK	24.13
	186/186A	AF 37312	PA	0930	1040	007198885 JJK	23.47
	136/136A	BA 511727	WV	0930	1040	007198886 JJK	24.79
	135/135A	AF 37316	PA	1040	1135	007198887 JJK	22.66
	118/118A	AF 63750	PA	1040	1135	007198888 JJK	21.52
	160/160A	AE 74317	PA	1140	1240	007198889 JJK	22.31
	169/4210	10515115	IN	1140	1240	007198890 JJK	24.44
	147/147A	AF 64010	PA	1245	1330	007198891 JJK	29.12
	191/191A	AF 52837	PA	1245	1330	007198892 JJK	26.95
	150/150A	AF 50946	PA	1330	1430	007198893 JJK	26.09
05/14/10	110/110A	AF 64192	PA	0715	0815	007198894 JJK	24.76
	102-1/102-1A	AF 49598	PA	0715	0815	007198895 JJK	24.67
	103/103A	134252	IN	0745	0845	007198896 JJK	25.06
	105/105A	MA 3273	NC	0745	0845	007198897 JJK	24.93
	138/138A	AF 37311	PA	0900	1000	007198898 JJK	24.84
	136/136A	BA 511727	WV	0900	1000	007198899 JJK	24.92
	118/118A	AF 63750	PA	0925	1015	007198900 JJK	23.93
	119/119A	RA 51735	MI	1120	1210	007198901 JJK	26.43
	135/135A	AF 37316	PA	1215	1300	007198902 JJK	28.19
	1554/1554A	AF 29519	PA	1530	1630	007198903 JJK	24.00
	90						2200.40

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 006160792 JJK	
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141				
Generator's Phone: 540-693-7668						
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD007814825				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number MID000724831				
Facility's Phone: 800-592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1.	RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	51,000	P
	2.					
	3.					
4.						
14. Special Handling Instructions and Additional Information Line 1: Approval Number D108064 MNT Lead Contaminated Soil ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 04 13 10		
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	17. Transporter Acknowledgment of Receipt of Materials					
TRANSPORTER	Transporter 1 Printed/Typed Name DAVID MYERS		Signature <i>David Myers</i>		Month Day Year 4 13 10	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Manifest Reference Number: _____					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. III 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name Michael Rohde		Signature <i>Michael Rohde</i>		Month Day Year 4 14 10		

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 006160792JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Jorgensen

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

794

Form Approved, OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 006160793 JJK	
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143			Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141			
Generator's Phone: 540-693-7668			U.S. EPA ID Number ILD 007814825			
6. Transporter 1 Company Name BEELMAN TRUCK CO.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Bellefonte, MI 48111			U.S. EPA ID Number MID000724831			
Facility's Phone: 800-592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.
	X	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001 DT		48,000	P
		2.				
		3.				
		4.				
13. Waste Codes D008						
14. Special Handling Instructions and Additional Information Line 1: Approval Number D10806HMDT Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>[Signature]</i>		Month Day Year 04/13/10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:		
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Ralph Langston			Signature <i>[Signature]</i>		Month Day Year 04/13/10
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection			Manifest Reference Number: U.S. EPA ID Number		
	18b. Alternate Facility (or Generator) Facility's Phone:			Month Day Year		
	18c. Signature of Alternate Facility (or Generator)					
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name W. E. Smith			Signature <i>[Signature]</i>		Month Day Year 04/14/10

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 006160793JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Ringold

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 006160794 JJK	
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141				
Generator's Phone: 540-693-7668						
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD007814825				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number				
Facility's Phone: 800-592-5489		U.S. EPA ID Number MID000724831				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WL/Vol.
			No.	Type		
x	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGI		001	DT	5000	P
	2.					
	3.					
	4.					
13. Waste Codes D008						
14. Special Handling Instructions and Additional Information Line 1: Approval Number 0108064MDE RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 282.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC						
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST Signature H.R. Blankenship Month Day Year 10 4 13 10						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name JEFF COMBS Signature Jeff Combs Month Day Year 10 4 13 10						
Transporter 2 Printed/Typed Name Jeff Combs Signature Jeff Combs Month Day Year 10 4 13 10						
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
Facility's Phone: 18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N. Knigh Signature N. Knigh Month Day Year 10 4 14 10						

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 006160794JJJ
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 006160795 JJK	
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141				
Generator's Phone: 540-693-7668						
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD 007814825				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number MID000724831				
Facility's Phone: 800-592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	x	RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	50,000	P
14. Special Handling Instructions and Additional Information D103064 MSL Line 1: Approval Number Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR/SOFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>HR Blankenship</i>		Month Day Year 0 4 3 1 0		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	17. Transporter Acknowledgment of Receipt of Materials					
TRANSPORTER	Transporter 1 Printed/Typed Name Bryan Heck		Signature <i>Bryan Heck</i>		Month Day Year 0 4 1 3 1 0	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number					
	Facility's Phone: _____					
	18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. IIII		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name W Engle		Signature <i>W Engle</i>		Month Day Year 0 4 1 4 1 0		

CERTIFICATE OF DISPOSAL



Form # REC-EN-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 006160795 JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Jorgensen

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on 12-pitch typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 006160796 JJK		
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143			Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141				
Generator's Phone: 540-693-7668			U.S. EPA ID Number ILD 007814825				
6. Transporter 1 Company Name BEELMAN TRUCK CO.			U.S. EPA ID Number				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111			U.S. EPA ID Number MID000724831				
Facility's Phone: 800-592-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	x	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGI	001	DT	52,000	P	D008
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information Line 1: Approval Number D108064 MDT Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>[Signature]</i>		Month Day Year 10 4 13 10		
BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST							
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
	Transporter signature (for exports only):						
	17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name <i>[Signature]</i>			Signature <i>[Signature]</i>		Month Day Year 10 4 13 10	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number: U.S. EPA ID Number						
	18b. Alternate Facility (or Generator)						
	Facility's Phone: Month Day Year						
18c. Signature of Alternate Facility (or Generator)							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <i>[Code]</i>		2. <i>[Code]</i>		3. <i>[Code]</i>		4. <i>[Code]</i>	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name <i>[Signature]</i>			Signature <i>[Signature]</i>		Month Day Year 09 14 10		

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 006160796JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)



Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Smith

690

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 006160797 JJK	
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141				
Generator's Phone: 540-693-7668						
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD 007814825				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number MID000724831				
Facility's Phone: 800-592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII		001	DT	51,000	P
	2.					
	3.					
4.						
13. Waste Codes D008						
14. Special Handling Instructions and Additional Information Line 1: Approval Number RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 10 4 13 10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:				
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>Richard Mattingly</i>		Signature <i>Richard Mattingly</i>		Month Day Year 10 4 13 10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator)						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						
Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. 2. 3. 4.						
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name <i>N. Emery</i>		Signature <i>N. Emery</i>		Month Day Year 10 4 14 10		

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 006160797JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. King

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198948 JJK	
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143			Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141			
Generator's Phone: 540-693-7668			U.S. EPA ID Number ILD007814825			
6. Transporter 1 Company Name BEELMAN TRUCK CO.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111			U.S. EPA ID Number MID000724831			
Facility's Phone: 800-592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit (wt./vol.)	13. Waste Codes
x	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	52,000	P	D008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information Line 1: Approval Number 5108064 MDE Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>H.R. Blankenship</i>		Month Day Year 10 13 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Jerry Kwapp			Signature <i>Jerry Kwapp</i>		Month Day Year 4 13 10	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection			Manifest Reference Number: U.S. EPA ID Number			
18b. Alternate Facility (or Generator)						
Facility's Phone:			Month Day Year			
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. HIII		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name W. Engh			Signature <i>W. Engh</i>		Month Day Year 04 14 10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198948 JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Jorgensen

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

6191

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198949 JJK		
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143			Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141				
Generator's Phone: 540-693-7668							
6. Transporter 1 Company Name BEELMAN TRUCK CO.			U.S. EPA ID Number ILD 007814825				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111			U.S. EPA ID Number MID000724831				
Facility's Phone: 800-592-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	1.	RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	52,000	P	D008
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information D1D8064MDE Line 1: Approval Number Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>[Signature]</i>			Month Day Year 10 4 13 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	Transporter signature (for exports only): _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name RAM STIFF			Signature <i>[Signature]</i>		Month Day Year 4 13 10	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number: _____						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator) Month Day Year						
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H111	2.	3.	4.			
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
	Printed/Typed Name Wenig			Signature <i>[Signature]</i>		Month Day Year 10 4 13 10	

CERTIFICATE OF DISPOSAL



Form # REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 007198949JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

*"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.*FACILITY NAME:
(Please check one)
☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

2. Page 1 of 1

3. Emergency Response Phone
800-424-93004. Manifest Tracking Number
007198950 JJKUNIFORM HAZARDOUS
WASTE MANIFEST1. Generator ID Number
VA1210020730

5. Generator's Name and Mailing Address

Alliant Tech Systems Inc
P.O. Box 1
Radford VA 24143Generator's Site Address (if different than mailing address)
State Route 114
Radford VA 24141

Generator's Phone: 540-693-7668

6. Transporter 1 Company Name

BEELMAN TRUCK CO

U.S. EPA ID Number

ID 007814825

7. Transporter 2 Company Name

U.S. EPA ID Number

U.S. EPA ID Number

8. Designated Facility Name and Site Address

Michigan Disposal Waste Treatment
49350 I-94 Service Drive
Belleville, MI 48111

Facility's Phone: 800-592-5489

MID000724831

9a. HM
9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

10. Containers

No.

Type

11. Total Quantity

12. Unit Wt./Vol.

13. Waste Codes

X RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII

001

DT

49,000

P

D008

14. Special Handling Instructions and Additional Information

Line 1: Approval Number D108064 MDL
Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY
RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name

ALLIANT TECHSYSTEMS INC
BY: H. B. BLANKENSHIP, TRANSPORTATION ANALYST

Signature

H. B. Blankenship

Month Day Year

0 1 1 0

16. International Shipments

☐ Import to U.S.☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Chris Nitcher

Signature

Chris Nitcher

Month Day Year

4 14 10

Transporter 2 Printed/Typed Name

18. Discrepancy

18a. Discrepancy Indication Space

☐ Quantity☐ Type☐ Residue☐ Partial Rejection☐ Full Rejection

Manifest Reference Number:

U.S. EPA ID Number

18b. Alternate Facility (or Generator)

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.

H111

2.

3.

4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name

David Turner

Signature

David Turner

Month Day Year

4 15 10

DESIGNATED FACILITY'S COPY

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198950JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. King

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

556-3823

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198951 JJK		
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141					
Generator's Phone: 540-693-7668							
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD 007814825					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Bellefonte, MI 48111		U.S. EPA ID Number MID000724831					
Facility's Phone: 800-592-5489							
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WL/Vol.
				No.	Type		
1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII				001	DT	48000	P
2.							
3.							
4.							
13. Waste Codes		D008					
14. Special Handling Instructions and Additional Information D108064 MDI Line 1: Approval Number RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name		ALLIANT TECHSYSTEMS INC		Signature		Month Day Year	
BY: HR. BLANKENSHIP, TRANSPORTATION ANALYST				<i>H.R. Blankenship</i>		04 14 10	
16. International Shipments		☐ Import to U.S.		☐ Export from U.S.		Port of entry/exit: _____	
Transporter signature (for exports only):				Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name		Dennis Abens		Signature		Month Day Year	
Transporter 2 Printed/Typed Name				<i>Dennis Abens</i>		04 14 10	
18. Discrepancy							
18a. Discrepancy Indication Space		☐ Quantity		☐ Type		☐ Residue	
						☐ Partial Rejection	
						☐ Full Rejection	
18b. Alternate Facility (or Generator)				Manifest Reference Number:		U.S. EPA ID Number	
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. h11		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name		David Tarna		Signature		Month Day Year	
				<i>David Tarna</i>		04 15 10	

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198951554

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID0480633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

7175

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198952 JJK		
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141					
Generator's Phone: 540-693-7668							
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD 007814825					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number MID000724831					
Facility's Phone: 800-592-5489							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
x	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	50,000	P	D008	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information Line 1: Approval Number D108064 MDI Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>H.R. Blankenship</i>		Month Day Year 04 14 10			
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:					
Transporter signature (for exports only):							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name KARL E. Dwyer		Signature <i>Karl E. Dwyer</i>		Month Day Year 04 14 10			
Transporter 2 Printed/Typed Name		Signature		Month Day Year			
18. Discrepancy							
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection		Manifest Reference Number:					
18b. Alternate Facility (or Generator)		U.S. EPA ID Number					
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)		Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. W111		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name David Tarnack		Signature <i>David Tarnack</i>		Month Day Year 04 15 10			

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 007198952JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. King

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730		2. Page 1 of 1		3. Emergency Response Phone 800-424-9300		4. Manifest Tracking Number 007198953 JJK		
		5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141						
Generator's Phone: 540-693-7668										
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD 007814825								
7. Transporter 2 Company Name		U.S. EPA ID Number								
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number MID000724831								
Facility's Phone: 800-592-5489										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
						No.	Type			
	1.	RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII				001	DT	51,000	P	D008
	2.									
	3.									
4.										
14. Special Handling Instructions and Additional Information Line 1: Approval Number D108064 M.D.I. Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>HR Blankenship</i>				Month Day Year 04 14 10				
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name <i>Leslie Zehner</i>				Signature <i>[Signature]</i>		Month Day Year 04 14 10			
Transporter 2 Printed/Typed Name				Signature		Month Day Year				
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	Facility's Phone:									
18c. Signature of Alternate Facility (or Generator)								Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. <i>III</i>			2.			3.			4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name <i>David Tormael</i>				Signature <i>[Signature]</i>				Month Day Year 4 15 10		

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198953JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Kathleen J. Ringold



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

9176

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198954 JJK	
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141				
Generator's Phone: 540-693-7668		U.S. EPA ID Number ILD007814825				
6. Transporter 1 Company Name BEELMAN TRUCK CO		U.S. EPA ID Number				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number MID000724831				
Facility's Phone: 800-592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
x	1. RO, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	54,000	P	D008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information Line 1: Approval Number D108064MDI Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>H.R. Blankenship</i>		Month Day Year 10 4 14 10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit:		Date leaving U.S.:		
Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name STEVE REINHARDT 8126/38817		Signature <i>Steve Reinhardt</i>		Month Day Year 04 14 10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection		Manifest Reference Number:				
18b. Alternate Facility (or Generator)		U.S. EPA ID Number				
Facility's Phone:		Month Day Year				
18c. Signature of Alternate Facility (or Generator)		Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name David Tarnas		Signature <i>David Tarnas</i>		Month Day Year 14 15 10		

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198954JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID00724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Jorgensen

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198955 JJK		
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141					
Generator's Phone: 540-693-7668							
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD007814825					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number MID000724831					
Facility's Phone: 800-592-5489							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII		001	DT	51,000	P	D008
	2.						
	3.						
4.							
14. Special Handling Instructions and Additional Information D108064 MDI Line 1: Approval Number RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>[Signature]</i>		Month 10		Day 4	
BY: H. P. BLANKENSHIP, TRANSPORTATION ANALYST				Year 10			
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter signature (for exports only): _____ Transporter 1 Printed/Typed Name Bruce CLOVER 7170 38800 Signature <i>Bruce Clover</i> Month 10 Day 14 Year 10 Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. W111 2. _____ 3. _____ 4. _____							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name David Tarnache Signature <i>[Signature]</i> Month 4 Day 15 Year 10							

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198955JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)



Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Jorgensen

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198956 JJK	
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141				
Generator's Phone: 540-693-7668						
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD 007814825				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number MID000724831				
Facility's Phone: 800-592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
	X	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	51,000	P
		2.				
		3.				
		4.				
13. Waste Codes D008						
14. Special Handling Instructions and Additional Information Line 1: Approval Number D108064 MDI Load Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>H.R. Blankenship</i>		Month Day Year 10 11 10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:				
TRANSPORTER INTL	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name RANDALL STAPLETON		Signature <i>Randall Stapleton</i>		Month Day Year 11 14 10	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
18b. Alternate Facility (or Generator)						U.S. EPA ID Number
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. III		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name David Tomack		Signature <i>David Tomack</i>		Month Day Year 11 15 10		

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 007198956 J5K

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Kathleen J. Jorgensen

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198578 JJK																																																												
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668																																																																	
Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141																																																																	
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY (S) US Bulk Transport Inc.																																																																	
U.S. EPA ID Number PA0987541515 86 LD 007 814 825																																																																	
7. Transporter 2 Company Name																																																																	
U.S. EPA ID Number																																																																	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489																																																																	
U.S. EPA ID Number MID 000 724 831																																																																	
<table border="1"> <thead> <tr> <th colspan="2">9a. HM</th> <th colspan="2">9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))</th> <th colspan="2">10. Containers</th> <th>11. Total Quantity</th> <th>12. Unit Wt./Vol.</th> <th colspan="2">13. Waste Codes</th> </tr> <tr> <th>No.</th> <th>Type</th> <th>No.</th> <th>Type</th> <th>No.</th> <th>Type</th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>X</td> <td>1.</td> <td colspan="2">HA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII</td> <td>001</td> <td>DT</td> <td>46,000 (EST)</td> <td>P</td> <td>008</td> <td></td> </tr> <tr> <td></td> <td>2.</td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>3.</td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>4.</td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						9a. HM		9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		No.	Type	No.	Type	No.	Type					X	1.	HA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII		001	DT	46,000 (EST)	P	008			2.										3.										4.								
9a. HM		9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes																																																									
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	3.																																																																
	4.																																																																
14. Special Handling Instructions and Additional Information 01. D10804MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.																																																																	
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/picarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.																																																																	
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST Signature: <i>H.R. Blankenship</i> Month Day Year: 04/27/10																																																																	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:																																																																	
17. Transporter Acknowledgment of Receipt of Materials Transporter signature (for exports only): Signature: <i>Robert Richardson</i> Month Day Year: 04/27/10 Transporter 1 Printed/Typed Name: Robert Richardson Signature: Transporter 2 Printed/Typed Name:																																																																	
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number:																																																																	
18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator):																																																																	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. 3. 4.																																																																	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name: <i>N. Emery</i> Signature: <i>N. Emery</i> Month Day Year: 04/28/10																																																																	

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # DO719857855L
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:

(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-592-5329

Authorized Signature: Michael Howard



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

146

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198579 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name STEELMAN TRUCK COMPANY		U.S. Bulk Transport Inc.		U.S. EPA ID Number PA0987347515		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001 DT		46,000 (EST)	P	D008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information D1. D108084MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>HR Blankenship</i>		Month Day Year 10/27/10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name SHAW E & I		Signature <i>Shaw E & I</i>		Month Day Year 10/27/10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number: U.S. EPA ID Number						
18b. Alternate Facility (or Generator)						
Facility's Phone: Month Day Year						
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N. Enright		Signature <i>N. Enright</i>		Month Day Year 10/28/10		

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198579JJk

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

#112

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198580 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 639-7888					
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY US Bulk Transport Inc.			U.S. EPA ID Number PAD 987347515		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	12. Unit WL/Vol.
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PG III	001	DT	P
					13. Waste Codes
					0008
14. Special Handling Instructions and Additional Information 01: DANGER / HAZARDOUS SOILS (0008) SWMU54 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC					Signature <i>H.R. Blankenship</i>
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					Month Day Year 10/27/10
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____				
	Transporter signature (for exports only): _____				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name Michael Pattison		Signature <i>Michael Pattison</i>		Month Day Year 10/27/10
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name				
	Signature				
	Month Day Year				
	18. Discrepancy				
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection				
Manifest Reference Number: _____ U.S. EPA ID Number					
18b. Alternate Facility (or Generator)					
Facility's Phone: _____					
18c. Signature of Alternate Facility (or Generator)					
Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name N. Engho				Signature <i>N. Engho</i>	Month Day Year 10/29/10

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198580JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198581 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY		U.S. EPA ID Number PAD 98734755				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII		001 DT		46,000 (EST)	P
	2.					
	3.					
	4.					
13. Waste Codes 0008						
14. Special Handling Instructions and Additional Information 01. D108064MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>HR Blankenship</i>		Month Day Year 10/27/10		
BY: H R BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:				
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name CHARLES KEACUS		Signature <i>Charles Keacus</i>		Month Day Year 10/27/10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name N Enright		Signature <i>N Enright</i>		Month Day Year 10/28/10		

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198581JJJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Smyth



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

105

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198582 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 839-7888					
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY US BULK TRANSPORT INC.			U.S. EPA ID Number MID 000 724 831		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PT 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489			U.S. EPA ID Number MID 000 724 831		
Facility's Phone:					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH	001	D1	46,000 (EST)
					12. Unit Wt./Vol.
					P
					13. Waste Codes
					D008
14. Special Handling Instructions and Additional Information DT: D008/MD17 HAZARDOUS SOILS (D008)-SWMU64 ERG #171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC					Signature <i>H.R. Blankenship</i>
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					Month Day Year 04 27 10
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____				
	Transporter signature (for exports only): _____				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name <i>Kenneth O. A.J.</i>		Signature <i>Kenneth O. A.J.</i>		Month Day Year 04 27 10
	Transporter 2 Printed/Typed Name		Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy				
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection				
	Manifest Reference Number: _____ U.S. EPA ID Number				
	18b. Alternate Facility (or Generator) Facility's Phone: _____				
	18c. Signature of Alternate Facility (or Generator) Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	
				4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name <i>N. Enright</i>					Signature <i>N. Enright</i>
					Month Day Year 04 28 10

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198582 JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Harland J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

118

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198583 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD VA 24140-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (800) 699-7668						
6. Transporter 1 Company Name US Bulk Transport Inc.		U.S. EPA ID Number PA-D987347515				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 104 391				
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	X	1. NA3077 HAZARDOUS WASTE SOLID N.O.S. (LEADY) PGIII	001	DT	46,000 (EST.)	
		2.				
		3.				
		4.				
14. Special Handling Instructions and Additional Information 21 0128064 M01 / HAZARDOUS SOLIDS (D008)-SWMU54 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offertor's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>HR Blankenship</i>		Month Day Year 04 27 10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
TRANSPORTER	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
	Transporter signature (for exports only):					
	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name AT Green		Signature <i>AT Green</i>		Month Day Year 04 27 10	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Actual weight: 69,700 P OK per David Hux @ Earth Smart Env. as agent for generator. 4-29-10					
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number					
	Facility's Phone:					
	18c. Signature of Alternate Facility (or Generator)					Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. 1111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name N. Emery		Signature <i>N. Emery</i>		Month Day Year 04 28 10		

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198583JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)



Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on 12-pitch typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178175 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7831		6. Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
8. Transporter 1 Company Name U.S. BULK TRANSPORT INC.		U.S. EPA ID Number PAD 987347515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489		U.S. EPA ID Number MID 048 090 633			
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.
X 1. NA3077, Hazardous waste, solid, n.d.s., 9, PGIII, ERG #17;		001	CM	22.5	T
13. Waste Codes		D030			
14. Special Handling Instructions and Additional Information 01. H108000WD1 / SWMU 54- HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #17. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 08 05 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Larry Hood</i>		Signature <i>Larry Hood</i>		Month Day Year 08 05 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy 18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 35.94T OK per David Hux & Earth Smart Env. RS agent for generator. 8-67022					
18b. Alternate Facility (or Generator)		U.S. EPA ID Number			
Facility's Phone:		Month Day Year			
18c. Signature of Alternate Facility (or Generator)		Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H102		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 19.					
Signature <i>[Signature]</i>		Signature <i>[Signature]</i>			

This certificate is to verify the wastes specified on Manifest # 607178175 JOK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID0480906331)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Arthur P. Taylor



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on 12-pitch typewriter.)

#110

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178176 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RF) ALLIANT TECH SYSTEMS INC PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 693-7631					
6. Transporter 1 Company Name U.S. Bulk Transport Inc				U.S. EPA ID Number PAD 987347 515	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5469				U.S. EPA ID Number MID 048 090 633	
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.
	X	1. HAZARDOUS waste, solid, n.o.s., 9, PGIII, ERG #171	DOT CM	46,000	P
13. Waste Codes D030					
14. Special Handling Instructions and/or Control Requirements 01 H108000WD17 SWMU 54- HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Charles Kearns Signature: <i>Charles Kearns</i> Month: 08 Day: 05 Year: 10 Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:				
	18. Discrepancy 18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 53,820 P OK per David Hux & Earth Smart Env. 95 sent for generator 8-6-10				
DESIGNATED FACILITY	18b. Alternate Facility (or Generator) U.S. EPA ID Number				
	Facility's Phone: Month: Day: Year				
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a. Printed Name: Ashley Butzin Signature: <i>Ashley Butzin</i> Month: 08 Day: 10 Year: 10					

CERTIFICATE OF DISPOSAL

007178176JJK

This certificate is to verify the wastes specified on Manifest # 007178176JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MID000724831)

☒ Wayne Disposal, Inc.
(EPA ID # MID048096331)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Ashley Boutin



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

1416

Please print or type. (Form designed for use on 12-pitch typewriter.)

Form Approved. OMB No. 2050-0030

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178177 JJK			
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0109		5. Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141						
6. Generator's Phone: (540) 893-7831								
7. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number PAD 987347515						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 46350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 048 000 633						
Facility's Phone: (800) 592-5480								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
	X	1. HAZ077, Hazardous waste, solid, n.o.s., 8, P001, ERG #171	001	CM	23		0030	
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 01. H108000VDR / SHWU 84- HAZARDOUS SOLIDS (D030) MEETING SOL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.								
15. GENERATOR'S/EXPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Exporter's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month 08		Day 05	Year 10	
TRANSPORTER	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:					
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name SHAWN LEESAR		Signature <i>Shawn Leesar</i>		Month 08 Day 05 Year 10			
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year			
	18. Discrepancy							
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
	18b. Alternate Facility (or Generator)		Manifest Reference Number: U.S. EPA ID Number					
	Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)				Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H132		2.		3.		4.		
20. Designated Facility Owner/Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 20a. <i>[Signature]</i>								



CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007178177JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MDD000724831)

☒ Wayne Disposal, Inc.
(EPA ID # MDD040090631)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Abby Taylor

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on site (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178178 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7631		ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name US BULK TRANSPORT INC.		U.S. EPA ID Number PAD 987347 515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489		U.S. EPA ID Number MID 048 090 633			
9a. HAZ	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) X 1. HAZ0077, Hazardous Waste, Solid, H.C.S., 9, PGIII, ERG #171	10. Containers No. 001 Type CM	11. Total Quantity 23	12. Unit Y	13. Waste Codes D030
14. Special Handling Instructions and Additional Information 01. H108000WD17 SWMU 02. HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H. B. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H. B. Blankenship</i>		Month Day Year 10 8 05	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Kenneth D. Aul</i> Transporter 2 Printed/Typed Name		Signature <i>Kenneth D. Aul</i>		Month Day Year 10 5 10	
18. Discrepancy 18a. Discrepancy Indication Special ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection ☐ Actual weight: 29,97 T OK per David Aul @ Earth Smart Env. as agent for generator. 8-6-10 Manifest Reference Number: U.S. EPA ID Number					
18b. Alternate Facility (or Generator) Facility's Phone: Month Day Year					
18c. Signature of Alternate Facility (or Generator)					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name: Michael Rohde Signature: <i>M. Rohde</i> Month Day Year: 10 6 10					



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007178178JK have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MICH000724831)

☒ Wayne Disposal, Inc.
(EPA ID # MICH00090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Michael J. Smith

#129

Form Approved, OMB No. 2050-0038

Please print or type. (Form designed for use on 8 1/2" (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178179 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24142 0100 Generator's Phone: (540) 893-7831					
6. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (300) 592-5489				U.S. EPA ID Number MID 048 090 633	
7. Transporter 1 Company Name US BULK TRANSPORT INC					
U.S. EPA ID Number PAD 987 347 515					
7. Transporter 2 Company Name					
U.S. EPA ID Number					
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (300) 592-5489					
U.S. EPA ID Number MID 048 090 633					
9. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))					
10. Containers					
11. Total Quantity					
12. Unit Weight					
13. Waste Codes					
14. Special Handling Instructions and Additional Information C1 H108000WD1 / SWMU 54- HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S OFFICER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC					
Signature H.R. Blankenship					
Month Day Year 08 05 10					
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name James M. Sargent Signature Transporter 2 Printed/Typed Name Signature					
Month Day Year 08 05 10					
Month Day Year					
18. Discrepancy 18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 25.65T OK per David Hux @ Earth Smart as agent for generator 8-6-10 RW					
18b. Alternate Facility (or Generator) Facility's Phone: TIC: Signature of Alternate Facility (or Generator)					
U.S. EPA ID Number					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name Ashley Butrin Signature Ashley Butrin Month Day Year 08 06 10					

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007178179JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MID000724831)

☒ Wayne Disposal, Inc.
(EPA ID # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Asbury Portin

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

196

Please print or type. (Form designed for use on 8 1/2 (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178180 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		ALLIANT TECH SYSTEMS INC (RF) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 893-7631						
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC.		U.S. EPA ID Number RAD 987 347 515				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489		U.S. EPA ID Number MD 048 090 633				
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. HAZARDOUS WASTE, SOLID, R.C.D., 8, PGIII, ERG #171	101	CR	23		D030
14. Based on the information provided, I certify that the waste is not a RCRA hazardous waste (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/SUPPLIER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/piccarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Supplier's Printed/Typed Name BY: H.B. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.B. Blankenship</i>		Month Day Year 08 05 10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:				
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Elden H Neifert		Signature <i>Elden H Neifert</i>		Month Day Year 08 05 10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
18. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H132	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed Name Michael Rohle		Signature <i>Michael Rohle</i>		Month Day Year 08 05 10		



CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007178180JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MID000724831)

☒ Wayne Disposal, Inc.
(EPA ID # MID04800613)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

007178181JJK

1772

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178181 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RF) ALLIANT TECH SYSTEMS INC PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 693-7631 State Route 114 RADFORD, VA 24141					
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC.			U.S. EPA ID Number PAD 987 347 515		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N 194 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 048 090 633		
9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity
	1. NA3077, Hazardous waste, solid, n.o.s., 9, PGIII, ERG #171		001 CM		23 EST.
	2.				
	3.				
	4.				
13. Waste Codes D030					
14. Special Handling Instructions and Additional Information 01 H108000WD1 / SWMU 54- HAZARDOUS SOILS (D030) MEETING SOIL LORS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR/EXPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/packaged, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Exporter's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 10 8 05
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Richard Miller</i> Signature <i>Richard Miller</i> Month Day Year 10 05 10 Transporter 2 Printed/Typed Name Signature Month Day Year					
18. Discrepancy 18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 20.27 T OK per David Hux @ Earth Smart Env. as agent for generator 8670					
18b. Alternate Facility (or Generator) Facility's Phone: U.S. EPA ID Number					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name Michael Kohde Signature <i>Michael Kohde</i> Month Day Year 10 16 10					

EPA Form 8700-22 (Rev. 5-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Form 2 REC-PA2013-BEL

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8/25/08



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 00178181JJK
 have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:

(Please check one)

☐ Michigan Disposal Waste Treatment Plant
 (EPA ID # MID000724831)

☒ Wayne Disposal, Inc.
 (EPA ID # MID04806637)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

007178182JJK

US Bulk # 119

Form Approved, OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178182 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7631		5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RADFORD) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC.		U.S. EPA ID Number RAD 987347515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489		U.S. EPA ID Number MID 048 090 633			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity
	A	1. HAZARDOUS WASTE, SOLID, n.d.s., G, PGH, ERG #171	001	CM	22.5 EST.
	2.				
	3.				
	4.				
12. Waste Codes D030					
14. Special Handling Instructions and Additional Information H132 HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 08 05 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Paul B. Zucko</i>		Signature <i>P. B. Zucko</i>		Month Day Year 08 05 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number.					
18b. Alternate Facility (or Generator) Facility's Phone:		U.S. EPA ID Number			
18c. Signature of Alternate Facility (or Generator)		Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name <i>OWAY</i>					
Signature <i>OWAY</i>		Signature <i>OWAY</i>		Month Day Year 08 05 10	

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



Form # REC-EN-013-BEL

The electronic version of this document is the certified version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 007178182UX have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MICH001723K11)

☒ Wayne Disposal, Inc.
(EPA ID # MICH001809K13)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

William J. Emery

007178183JJK

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178183 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		5. Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 693-7831					
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC.		U.S. EPA ID Number RAD 987 347 515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 048 090 833			
Facility's Phone: (800) 592-5489					
9a. HW	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity
	1. HAZARDOUS waste, solid, n.o.s., B, PGIII, ERG #171		001 CM		24 EST.
13. Waste Codes D030					
14. Special Handling Instructions and Additional Information 01. H10000WDI / SWMU 54. HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 10 06 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name TERRY K BEGGIS		Signature <i>Terry K Beggs</i>		Month Day Year 08 06 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number:					
18b. Alternate Facility (or Generator)		U.S. EPA ID Number			
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)		Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name Larry Lehty		Signature <i>Larry Lehty</i>		Month Day Year 10 09 10	

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007178183 J5K

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MICH000024K11)

☒ Wayne Disposal, Inc.
(EPA ID # WD00000633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

[Handwritten Signature]

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on a 12-pitch typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178184 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RF) ALLIANT TECH SYSTEMS INC PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 693-7631					
6. Transporter 1 Company Name US BULK TRANSPORT INC				U.S. EPA ID Number PA0987347515	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 048 090 633	
9a. ICD	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers	11. Total Quantity
				No.	Type
	1. 600077, Hazardous waste, solid, n.e.s., 9, PGIII, ERG #171			DOT	CM
				24	12. Unit Wt./Vol.
				EST	13. Waste Codes
					D030
14. Special Handling Instructions and Additional Information 01: H000000001 / SWMU SL HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR/SOFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature HR Blankenship	
BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST				Month Day Year 08/06/10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name STEVEN C. H. V. 172				Signature [Signature]	
Transporter 2 Printed/Typed Name				Signature [Signature]	
18. Discrepancy					
18a. Discrepancy Indication Spec ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number:					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name MICHAEL ROHDE				Signature [Signature]	

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007178184JK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MICH00072AR1)

☒ Wayne Disposal, Inc.
(EPA ID # MICH00096A33)

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Matthew J. Smyth



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on 8 1/2 (12-pitch) typewriter.)

135/135A

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178185 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7831						
6. Transporter 1 Company Name US BULK TRANSPORT INC U.S. EPA ID Number: PAD 987 347 515						
7. Transporter 2 Company Name U.S. EPA ID Number:						
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489 U.S. EPA ID Number: MID 048 090 833						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. NA3077, Hazardous waste, solid, n.o.s., 9, PGIII, ERG #171	001 CM	23 EST	T	D030
14. Special Handling Instructions and Additional Information 01. H108000AD1 / SWMU 64- HAZARDOUS SOILS (D030) MEETING SOIL LDRS/ ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name: ALLIANT TECHSYSTEMS INC Signature: <i>HR Blankenship</i> Month: 08 Day: 06 Year: 10						
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	Transporter signature (for exports only): _____					
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: <i>Carl Cecore</i> Signature: <i>Carl Cecore</i> Month: 08 Day: 06 Year: 10 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____					
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number: _____					
	18b. Alternate Facility (or Generator) Facility's Phone: _____ U.S. EPA ID Number: _____					
	18c. Signature of Alternate Facility (or Generator) _____ Month: _____ Day: _____ Year: _____					
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. _____ 3. _____ 4. _____					
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Signature: <i>[Signature]</i> Month: 08 Day: 09 Year: 10					

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007178185JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MICH0072-831)

☒ Wayne Disposal, Inc.
(EPA ID # MICH0069-631)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Matthew J. Smyth



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on 12-pitch typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178186 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		ALLIANT TECH SYSTEMS INC (R/F) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 693-7631		U.S. EPA ID Number PAID 987347515			
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 048 090 933			
Facility's Phone: (800) 592-5489					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity
	X	1. POISONOUS, Hazardous waste, solid, n.o.s., 9. PGIII, ERG #171	001	DM	22 EST
13. Waste Codes D0030					
14. Special Handling Instructions and Additional Information OF HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature H.P. Blankenship		Month Day Year 02/06/10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials					
TRANSPORTER (MTL)	Transporter 1 Printed/Typed Name Chris J. [Signature]		Signature [Signature]		Month Day Year 08/06/10
	Transporter 2 Printed/Typed Name		Signature		Month Day Year
18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number: U.S. EPA ID Number					
18b. Alternate Facility (or Generator)					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name David T. [Signature]		Signature [Signature]		Month Day Year 08/09/10	

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-DEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/06

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE, BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 007178186 JTX have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
00A11D & M100007248311

☒ Wayne Disposal, Inc.
00A11D & M100000000331

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

1275

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178187 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7531					
6. Transporter 1 Company Name US BULK TRANSPORT INC U.S. EPA ID Number PAD 987347515					
7. Transporter 2 Company Name U.S. EPA ID Number MID 048 090 633					
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 502-5459					
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	No.	Type			
	001	CM	23 EST	T	D030
14. Special Handling Instructions and Additional Information 01. H108000VNDI / SWMU 64- HAZARDOUS SOILS (D030) MEETING SOIL LDRS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR/SHOFFER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(b) (if I am a large quantity generator) or (c) (if I am a small quantity generator) is true.					
Generator's Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST Signature: <i>H.R. Blankenship</i> Month: 10 Day: 06 Year: 13					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of export: _____ Date leaving U.S.: _____					
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature: <i>W. J. Brown</i> Month: 08 Day: 06 Year: 10 Transporter 2 Printed/Typed Name Signature: _____ Month: _____ Day: _____ Year: _____					
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number: _____					
18b. Alternate Facility (or Generator) Facility's Phone: _____ 18c. Signature of Alternate Facility (or Generator) Month: _____ Day: _____ Year: _____					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 19a Printed/Typed Name: <i>Michael Rohde</i> Signature: <i>Michael Rohde</i> Month: 10 Day: 10 Year: 10 DESIGNATED FACILITY TO GENERATOR					

CERTIFICATE OF DISPOSAL



Form 4 REC-PM-03-BE

This certificate is to verify the wastes specified on Manifest #

007178187 jk

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MIP000734331)

☒ Wayne Disposal, Inc.
(EPA I.D. # MWD00090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Matthew J. Ewing

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

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47500

90,140

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178188 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		5. Generator's Name and Mailing Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 693-7631					
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number PAD 983 347 515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 048 090 833			
Facility's Phone: (800) 592-5489					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Vol
		No.	Type		
	1. RQ077, HAZARDOUS WASTE, SOLID, n.o.s., 6, PGIII, ERG #171	001	CM	23	Y
				EST	
					13. Waste Codes D030
14. Special Handling Instructions and Additional Information DT, H100000000/7 SWMU 04 HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>HR Blankenship</i>		Month Day Year 10 06 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Greg McCoy		Signature <i>Greg McCoy</i>		Month Day Year 10 06 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number:					
18b. Alternate Facility (or Generator)		U.S. EPA ID Number			
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)		Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a.					
Printed/Typed Name <i>John M. ...</i>		Signature <i>John M. ...</i>		Month Day Year 10 07 10	



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. 1-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007178188JL
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
CERCLA ID # MDX00728311

☒ Wayne Disposal, Inc.
CERCLA ID # MIBX48090633

ADDRESS:

49350 N. 1-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Approval: H108000WDI
Receipt Status: All
Trans Mode (Inbound/Outbound): Both
Bulk Mode (Bulk/Non-Bulk): Bulk

Receipt List
Wayne Disposal, Inc.
1 Wayne Disposal, Inc.

Receipt ID	Manifest/BOL / Commingled	Customer	Generator	Waste Stream	Approval / Product	Waste Code	Bill Unit	Quantity	Rec>Status	Outbound	Date
1187636-1	007178177JJK	12719	EARTH SMART ENVIR	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	24.66	Accepted	Accepted	8/6/2010
1187637-1	007178178JJK	12719	EARTH SMART ENVIR	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	29.97	Accepted	Accepted	8/6/2010
1187638-1	007178175JJK	12719	EARTH SMART ENVIR	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	35.94	Accepted	Accepted	8/6/2010
1187642-1	007178176JJK	12719	EARTH SMART ENVIR	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	26.91	Accepted	Accepted	8/6/2010
1187643-1	007178179JJK	12719	EARTH SMART ENVIR	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	25.65	Accepted	Accepted	8/6/2010
1187645-1	007178180JJK	12719	EARTH SMART ENVIR	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	24.95	Accepted	Accepted	8/6/2010
1187647-1	007178181JJK	12719	EARTH SMART ENVIR	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	20.27	Accepted	Accepted	8/6/2010
1187703-1	007178182JJK	12719	EARTH SMART ENVIR	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	22.49	Accepted	Accepted	8/9/2010
1187703-2	007178182JJK	12719	EARTH SMART ENVIR	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	TRAN	TONS	22.49	Accepted	Accepted	8/9/2010
1187704-1	007178185JJK	12719	EARTH SMART ENV	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	24.48	Accepted	Accepted	8/9/2010
1187709-1	007178188JJK	12719	EARTH SMART ENV	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	23.25	Accepted	Accepted	8/9/2010
1187719-1	007178184JJK	12719	EARTH SMART ENV	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	24.05	Accepted	Accepted	8/9/2010
1187747-1	007178183JJK	12719	EARTH SMART ENV	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	24.59	Accepted	Accepted	8/9/2010
1187752-1	007178186JJK	12719	EARTH SMART ENV	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	20.78	Accepted	Accepted	8/9/2010
1187831-1	007178187JJK	12719	EARTH SMART ENV	VA1210020730 ALLIANT TECH SYSTEMS INC	H108000WDI	D030	TONS	23.78	Accepted	Accepted	8/10/2010
Total quantity for bill unit TONS:								374.26			

D030

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-8300	4. Manifest Tracking Number 007178177 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100						
Generator's Phone: (540) 693-7831						
6. Transporter 1 Company Name US BULK TRANSPORT INC						
U.S. EPA ID Number PAD 987347515						
7. Transporter 2 Company Name						
U.S. EPA ID Number						
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 46350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111						
U.S. EPA ID Number MD 048 090 633						
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HMT	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes
	X	1. HA3077, Hazardous waste, solid, n.o.s., 9, PGII, ERG #171	001 CM	23	T	0030
		2.				
		3.				
		4.				
14. Special Handling Instructions and Additional Information 01. H10000WDN / SWMU 04- HAZARDOUS SOILS (D030) MEETING SOIL LDRS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-8300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>H.R. Blankenship</i> Month 08 Day 05 Year 10						
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
TRANSPORTER	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: _____			
	Transporter signature (for exports only): _____		Date leaving U.S.: _____			
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials		Signature _____ Month _____ Day _____ Year _____			
	Transporter 1 Printed/Typed Name SHAWN LEZAR		Signature _____ Month _____ Day _____ Year _____			
TRANSPORTER	Transporter 2 Printed/Typed Name _____		Signature _____ Month _____ Day _____ Year _____			
	18. Discrepancy		Manifest Reference Number: _____			
DESIGNATED FACILITY	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____					
DESIGNATED FACILITY	Facility's Phone: _____					
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____					
DESIGNATED FACILITY	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
	1. H132 2. _____ 3. _____ 4. _____					
DESIGNATED FACILITY	20. Designated Facility Owner/Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
	Signature _____ Month _____ Day _____ Year _____					

EPA Form 8700-22 Rev. 3-05 Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REQ-FM4013-BEL

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B2508

This certificate is to verify the wastes specified on Manifest # 007178177JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MIDW0724831)

☒ Wayne Disposal, Inc.
(EPA ID # MIDW4809633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Ashley Boutin

Cod 007178177JJK

Receipt 03-01 1187636

Invoice: 40233847

105

Form Approved. OMB No. 2050-0039

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178178 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7831					
6. Transporter 1 Company Name US BULK TRANSPORT INC.					
7. Transporter 2 Company Name					
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489					
U.S. EPA ID Number MID 048 090 633					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers	11. Total Quantity
				No	Type
	X 1. HA3077, Hazardous waste, solid, n.o.s., 9, PGIII, ERG #171			001	CM
12. Unit Wt/Vol					
13. Waste Codes D030					
14. Special Handling Instructions and Additional Information 01: HT0000001 / SWMU 54 HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC					
Signature HR Blankenship					
Month Day Year 10 8 05					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Kenneth D. Aze					
Signature Kenneth D. Aze					
Month Day Year 10 15 10					
Transporter 2 Printed/Typed Name					
Signature					
Month Day Year					
18. Discrepancy					
18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Actual weight: 29.97 T OK per David Hux @ Earth Smart Env. as agent for generator 8-6-10					
18b. Alternate Facility (or Generator)					
U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)					
Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name Michael Rohde					
Signature Michael Rohde					
Month Day Year 10 6 10					

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007178178JK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MI0000724811)

☒ Wayne Disposal, Inc.
(EPA ID # MI000090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Matthew J. Emery

Invoice: 40234944

Receipt 03-01 1187638

Manifest 007178175JJK

136

Form Approved, OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178175 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 693-7631		Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC.		U.S. EPA ID Number PAD 987347515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489		U.S. EPA ID Number MID 048 090 633			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No.	Type	11. Total Quantity
	1. NA3077, Hazardous waste, solid, n.o.s., 9, PGIII, ERG #17		001	CM	22.5
	2.				
	3.				
	4.				
12. Unit Wt./Vol. T					
13. Waste Codes D030					
14. Special Handling Instructions and Additional Information 01. H108000WD1 / SWMU 54- HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #1** 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>[Signature]</i>		Month Day Year 08 15 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Larry Hoop Signature <i>[Signature]</i> Month Day Year 08 15 10 Transporter 2 Printed/Typed Name Signature Month Day Year					
18. Discrepancy 18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 35.94T OK per David Hux @ Earth Smart Env. as agent for generator. 8-6-10 18b. Alternate Facility (of Generator) Manifest Reference Number: U.S. EPA ID Number					
Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.					
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 19b. Signature <i>[Signature]</i> 080610					

EPA Form 3700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



Form # REC-EM-013-BEL

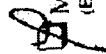
The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007178173 JOK have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000734831)



Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Ashley Rabin

Invoice: 40234944

Receipt 03-01 1187638

Cod COD #1

Please print or type. (Form designed for use on 60 lb (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

#110

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178176 JJK		
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 693-7631							
6. Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141							
6. Transporter 1 Company Name U.S. Bulk Transport INC				U.S. EPA ID Number PAD 987347 515			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 048 090 633			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. PA3077. Hazardous waste, solid, H.C.S., 9, PGIII, ERG #171	001	CM	46,000	P	D030
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information OF H108000VDT7 SWMU 53. HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>H.R. Blankenship</i> Month 0 Day 05 Year 10							
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Charles Kearns Signature <i>Charles Kearns</i> Month 5 Day 10 Year 10							
Transporter 2 Printed/Typed Name Signature Month Day Year							
18. Discrepancy							
18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
Actual weight: 53,820 P OK per David Hux @ Earth Smart Env. as agent for generator 8-6-10							
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Ashley Butun Signature <i>Ashley Butun</i> Month 08 Day 10 Year 10							

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Cod 007178176JJJK

Receipt 03-01 1187642

Invoice: 40233848

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

6/25/08

This certificate is to verify the wastes specified on Manifest # 007178176JJJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MICH0724831)

☒ Wayne Disposal, Inc.
(EPA ID # MICH048093633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Ashley Boutzin

#129

Form Approved. OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178179 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143 0100 Generator's Phone: (540) 693-7631		Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC (RFA) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number PAD 987347515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 4935C N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489		U.S. EPA ID Number MID 046 090 633			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.
X	1. NA3077, Hazardous waste, solid, n.d.s. 9. PGIII, ERG #171	001	CM	23	T
	2.				
	3.				
	4.				
13. Waste Codes DC30					
14. Special Handling Instructions and Additional Information 01 H10800VVD1 / SWMU 54- HAZARDOUS SOILS (D030) MEETING SOIL LDERS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>H.R. Blankenship</i>		Month Day Year 08 05 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials Transporter signature (for exports only): Signature: <i>James M. Sargent</i> Month Day Year: 08 05 10					
18. Discrepancy 18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 25.65 T OK per David Hux @ Earth Smart as agent for generator 8-6-10 Rev					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1.	2.	3.	4.		
H132					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name Ashley Butzin		Signature <i>Ashley Butzin</i>		Month Day Year 08 06 10	

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007178179JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☒ Wayne Disposal, Inc.
(EPA I.D. # MID004809633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Ashley Pothin

Cod 007178179JJK

Receipt 03-01 1187643

Invoice: 40233849

Invoice: 40233850

Receipt 03-01 1187645

Manifest 007178180JJK

196

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178180 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7831		5. Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC.		U.S. EPA ID Number PAD 987 347 515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489		U.S. EPA ID Number MID 048 090 633			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity
	X	1. WASTY, HAZARDOUS WASTE, SOLID, R.E.S., D, PCMH, ERG #171	001	CM	23
		2.			
		3.			
		4.			
14. Special Handling Instructions and Approval Information OF HAZARDOUS WASTE / HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/packaged, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offeror's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 10 8 05 10	
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:		
	Transporter signature (for exports only):				
	17. Transporter Acknowledgment of Receipt of Materials				
TRANSPORTER	Transporter 1 Printed/Typed Name Elden H Neifert		Signature <i>Elden H Neifert</i>		Month Day Year 8 5 10
	Transporter 2 Printed/Typed Name		Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy				
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection				
	Manifest Reference Number:				
	18b. Alternate Facility (or Generator) U.S. EPA ID Number				
	Facility's Phone:				
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name Michael Rohle		Signature <i>Michael Rohle</i>		Month Day Year 8 16 10	

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR

CERTIFICATE OF DISPOSAL



Invoice: 40233850

Receipt 03-01 1187645

Cod 007178180JK

This certificate is to verify the wastes specified on Manifest # 007178180JK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID: # MID000724831)

☒ Wayne Disposal, Inc.
(EPA ID: # MID04809633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Ashley Boutin

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

Invoice: 40233851

Receipt 03-01 1187647

Manifest 007178181JJK

172

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178181 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD VA 24143-0100 Generator's Phone: (540) 693-7631					
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC. U.S. EPA ID Number PAD 987 347 515					
7. Transporter 2 Company Name U.S. EPA ID Number					
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489 U.S. EPA ID Number MD 048 090 633					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity
			No.	Type	12. Unit Wt./Vol.
	X 1. NA3077, Hazardous waste, solid, n.o.s., 8, PGIII, ERG #171		001	CM	23 EST.
	2.				
	3.				
13. Waste Codes 0830					
14. Special Handling Instructions and Additional Information 01 H108000WD1 / SWMU 54- HAZARDOUS SOILS (D630) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>HR Blankenship</i> Month Day Year 10 8 05 10 BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST					
16. International Shipment: ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Richard Miller Signature <i>Richard Miller</i> Month Day Year 10 08 05 10 Transporter 2 Printed/Typed Name Signature Month Day Year					
18. Discrepancy 18a. Discrepancy Indication Space: ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 20.27 T OK per David Hux @ Earth Smart Env. as agent for generator 8670 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Michael Kohle Signature <i>Michael Kohle</i> Month Day Year 8 16 10					

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FRM-413-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/03

This certificate is to verify the wastes specified on Manifest # 007178181JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID00072483)

☒ Wayne Disposal, Inc.
EPA I.D. # MID0006633

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Ashley Poutygin

Invoice: 40234945

Receipt 03-01 1187703

Manifest 007178182JJK

US Bulk # 119

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178182 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 693-7631						
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC. U.S. EPA ID Number PAID 987347515						
7. Transporter 2 Company Name U.S. EPA ID Number						
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489 U.S. EPA ID Number MID 048 090 633						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type	11. Total Quantity	12. Unit Wt/Vol.
	X	1. HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII, ERG #171		001 CM	22.5 EST.	D030
		2.				
		3.				
		4.				
14. Special Handling Instructions and Additional Information 01. H100000ND1 / SWMU 54 HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST Signature Month Day Year 10 8 05 0						
TRANSPORTER	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Transporter signature (for exports only): Port of entry/exit: Date leaving U.S.:					
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Month Day Year 08 05 10 Transporter 2 Printed/Typed Name Signature Month Day Year					
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number					
	18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year					
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3.					
	20. Designated Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18a Printed/Typed Name Signature Month Day Year					

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



Form EQ REC-5M-303-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007178182UL have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # M113000724831)

☒ Wayne Disposal, Inc.
(EPA ID # M10504890633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Matthew J. Smyth

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

135/135A

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178185 JJK	
5. Generator's Name and Mailing Address: ALLIANT TECH SYSTEMS INC (RFA) ALLIANT TECH SYSTEMS INC PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7831 STATE ROUTE 114 RADFORD, VA 24141						
6. Transporter 1 Company Name US BULK TRANSPORT INC					U.S. EPA ID Number PAD 987347515	
7. Transporter 2 Company Name					U.S. EPA ID Number	
8. Designated Facility Name and Site Address: WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489					U.S. EPA ID Number MID 048 090 833	
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	X	1 NA3077, Hazardous waste, solid, n.o.s., 9, PGIII, ERG #171	001	CM	23 EST	T
13. Waste Codes D030						
14. Special Handling Instructions (and Additional Information) 01. H108000V01 / SWMU 54- HAZARDOUS SOILS (D030) MEETING SOIL LDERS/ ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name: ALLIANT TECHSYSTEMS INC					Signature: <i>HR Blankenship</i>	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					Month Day Year 10 8 06 10	
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: <i>Carle George</i> Signature: <i>Carle George</i> Month Day Year: 08 06 10					
	Transporter 2 Printed/Typed Name: Signature: Month Day Year:					
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number:					
	18b. Alternate Facility (or Generator) Facility's Phone: U.S. EPA ID Number:					
	18c. Signature of Alternate Facility (or Generator) Month Day Year:					
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a. Printed Name: Signature: Month Day Year: 08 09 10						

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FA-G13-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/06

This certificate is to verify the wastes specified on Manifest # 007178185JLK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA ID # MID000724831)



Wayne Disposal, Inc.
(EPA ID # MID00090631)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Matthew J. Smyth

Invoice: 40234947

Receipt 03-01 1187709

Manifest 007178188JJK

90,140

Form Approved OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178188 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RPA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7831		5. Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141				
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number PAD 983 347 515				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489		U.S. EPA ID Number MID 048 090 633				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes
X	1. HAZARDOUS WASTE, SOLID, n.o.s., 9, PGIII, ERG #171	001	CM	23 EST	1	D030
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01. H100000001 / SWM 5L HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature HR Blankenship		Month Day Year 10 06 10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____				
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Greg McCoy		Signature Greg McCoy		Month Day Year 10 06 10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number: _____ U.S. EPA ID Number: _____						
18b. Alternate Facility (or Generator) Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
H132						
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed Name M. J. ...		Signature		Month Day Year 10 09 10		

EPA Form 700-20 (Rev. 3-06) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



Invoice: 40234947

Receipt 03-01 1187709

Cod COD #5

This certificate is to verify the wastes specified on Manifest # 007178188JK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(DWA ID # MII000724831)



Wayne Disposal, Inc.
(EPA ID # MII000800631)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Matthew J. Smyth

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-8EL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

6/25/08

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178184 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFAD) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 693-7631		U.S. EPA ID Number PA0987347515			
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 048 090 833			
Facility's Phone: (800) 592-5489					
9a. HMI	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Container No. Type		11. Total Quantity	12. Unit Wt/Vol
1	HAZARDOUS WASTE, FORD, H.O.L., 9, PGIII, ERG #171	001	CM	24	1
				EST	
2					
3					
4					
13. Waste Codes D030					
14. Special Handling Instructions and Additional Information 01. RTO0000NDI / SWMD 04- HAZARDOUS SOILS (D030) MEETING SOIL LORS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 08 06 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials		Signature		Month Day Year	
Transporter 1 Printed/Typed Name STEVEN C. H. W. 11/72		Signature <i>Steven C. H. W.</i>		08 06 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection		Manifest Reference Number:			
18b. Alternate Facility (or Generator)		U.S. EPA ID Number			
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)		Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132		2.		3.	
4.					
20. Designated Facility Owner or Operator Certification of Receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name Michael Rohde		Signature <i>Michael Rohde</i>		Month Day Year 08 06 10	

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



Form # RQC-FM-013-BEL

This certificate is to verify the wastes specified on Manifest # 007178184UK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MICH00724811)

☒ Wayne Disposal, Inc.
(EPA ID # MICH0090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Matthew J. Smyke

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

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8/25/08

Invoice: 40234949

Receipt 03-01 1187747

Manifest 007178183JJK

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178183 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 693-7631						
6. Transporter 1 Company Name U.S. BULK TRANSPORT INC.				U.S. EPA ID Number PAD 987 347 515		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 048 090 833		
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X 1. NA3077, Hazardous waste, solid, n.o.s., B, PGIII, ERG #171		001 CM		24 EST.	T	D030
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information 01. H108000WDH / SWMU 54- HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST				Signature HR Blankenship Month Day Year 10 06 10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name TARPY K BEGGIE Signature TARPY K BEGGIE Month Day Year 08 06 10 Transporter 2 Printed/Typed Name Signature Month Day Year						
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number: 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Larry Lehigh Signature Month Day Year 10 09 10						

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007178183 JK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please include city)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MICH000724811)

☒ Wayne Disposal, Inc.
(EPA ID # MICH0006634)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM413-BLL

The electronic version of this document is the regulated person. Each user is responsible for ensuring that any document they use is the current version.

8-25-08

Invoice: 40234950

Receipt 03-01 1187752

Manifest 007178186JJK

Form Approved, OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178186 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (REF) ALLIANT TECH SYSTEMS INC PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 693-7631 U.S. EPA ID Number: RAD 987347515						
6. Designated Facility Name and Site Address WAYNE DISPOSAL, LLC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489 U.S. EPA ID Number: MID 048 090 833						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type	11. Total Quantity	12. Unit Vol./Wt.
	1	HAZARDOUS WASTE, SOLID, N.O.S., B, PGIII, ERG #171		001 CM	22	EST
	2					
	3					
	4					
13. Waste Codes D030						
14. Special Handling Instructions and Additional Information 01: HT06000WDIT SWMU 52: HAZARDOUS SOILS (D030) MEETING SOIL LDHS / ERG #171 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name: ALLIANT TECHSYSTEMS INC Signature: <i>HR Blankenship</i> Month: 10 Day: 06 Year: 10						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name: Chris Z...		Signature: <i>[Signature]</i>		Month: 08 Day: 06 Year: 10	
Transporter 2 Printed/Typed Name:		Signature:		Month: Day: Year:		
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Manifest Reference Number: U.S. EPA ID Number:					
18b. Alternate Facility (or Generator)						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator): Month: Day: Year:						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H132		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name: David T...		Signature: <i>[Signature]</i>		Month: 08 Day: 06 Year: 10		

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-PH-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007178186 JJA

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID # MICH00724831)

☒ Wayne Disposal, Inc.
(EPA ID # MICH00700631)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Cod COD #6

Receipt 03-01 1187752

Invoice: 40234950

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007178187 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS INC (RFA) PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 893-7831					
6. Generator's Site Address (if different than mailing address) ALLIANT TECH SYSTEMS INC STATE ROUTE 114 RADFORD, VA 24141					
8. Transporter 1 Company Name US BULK TRANSPORT INC			U.S. EPA ID Number PAD 987347515		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE 2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 048 090 633		
GENERATOR	9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1. NA3077, Hazardous waste, solid, n.o.s., 9, PGIII, ERG #171	001 CM	23 EST	T	D030
	2.				
	3.				
	4.				
14. Special Handling Instructions and Additional Information 01. H100000000 / SWMU 54- HAZARDOUS SOILS (D030) MEETING SOIL LDRS / ERG #171. 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR/SUPPLIER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/hazardized, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator/Supplier's Printed/Typed Name ALLIANT TECHSYSTEMS INC BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST Signature: <i>H.R. Blankenship</i> Month: 10 Day: 06 Year: 2000					
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:				
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: <i>DAVE BROWN</i> Signature: <i>DAVE BROWN</i> Month: 10 Day: 06 Year: 2000 Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:				
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number:				
	18b. Alternate Facility (or Generator) U.S. EPA ID Number:				
	Facility's Phone:				
	18c. Signature of Alternate Facility (or Generator) Month: Day: Year:				
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed Name: <i>Michael Rohde</i> Signature: <i>Michael Rohde</i> Month: 10 Day: 10 Year: 2000					

CERTIFICATE OF DISPOSAL



Form E REC-ENL013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007178187JK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID00072-831)

☒ Wayne Disposal, Inc.
(EPA I.D. # MWA00090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198872 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name DELMAN TRUCK COMPANY		U.S. EPA ID Number 881 D-007 814 825			U.S. EPA ID Number PA-D 987 347 515	
7. Transporter 2 Company Name						
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724 831				
Facility's Phone:						
GENERATOR	9a. HM X	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 3, POH		10. Containers No. 601 Type BT		11. Total Quantity 46,000
						12. Unit Wt./Vol. P
						13. Waste Codes 0600
14. Special Handling Instructions and Additional Information 01: 010804MID/HAZARDOUS SOILS (D008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>			Month Day Year 10/10/05	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:				
17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER INTL	Transporter 1 Printed/Typed Name Kenneth D. Aird		Signature <i>Kenneth D. Aird</i>		Month Day Year 10/10/05	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 62060 P OK per David Hux @ Earth Smart as agent for generator. 5-12-10					
	18b. Alternate Facility (or Generator) Manifest Reference Number: 5-12-10 U.S. EPA ID Number					
	Facility's Phone:					
	18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N. Emzho		Signature <i>N. Emzho</i>			Month Day Year 10/11/05	

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198872JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # M1D0007248311)

☐ Wayne Disposal, Inc.
(EPA I.D. # M1D048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

TK 154

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198873 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Transporter 1 Company Name BELMAN TRUCK COMPANY				U.S. EPA ID Number PA0987347575		
7. Transporter 2 Company Name US Bulk Transport INC.				U.S. EPA ID Number 81-D-007-014-025		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 000 724 831		
9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity
				No.	Type	
	X 1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII			001	D1	
					12. Unit Wt./Vol.	13. Waste Codes
					P	0008
14. Special Handling Instructions and Additional Information DT, D108084MDI / HAZARDOUS SOILS (D008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature HR Blankenship		Month Day Year 05 10 10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Troy Catherman				Signature		Month Day Year 05 10 10
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Actual weight: 53,640 P OK per David Hux @ Earth Smart as agent for generator. 5-12-10 RL						
18b. Alternate Facility (or Generator)						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N. Enright				Signature N. Enright		Month Day Year 05 11 10

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198873 JJE

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

196

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198874 JJK		
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7088							
6. Transporter 1 Company Name US Bulk Transport Inc.			U.S. EPA ID Number PA5 987347515				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5489							
GENERATOR	9a. HM X	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH	10. Containers No. 001	Type DT	11. Total Quantity 48,000	12. Unit Wt./Vol. P	13. Waste Codes 0000
14. Special Handling Instructions and Additional Information DT: D10004ND17 HAZARDOUS SOLIDS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>HR Blankenship</i> Month 05 Day 10 Year 10							
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
	Transporter signature (for exports only):						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Elden H Neifert		Signature <i>Elden H Neifert</i>		Month 05 Day 10 Year 10		
	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
	1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <i>N. Engh</i>		Signature <i>N. Engh</i>		Month 05 Day 11 Year 10			

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 607198874JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Smith

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730		2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 007198875 JJK			
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100					Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141					
Generator's Phone: (540) 639-7668					U.S. EPA ID Number MID 987347515					
6. Transporter 1 Company Name WHEELMAN TRUCK COMPANY					U.S. EPA ID Number MD 007-014-825					
7. Transporter 2 Company Name					U.S. EPA ID Number					
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PLANT 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111					U.S. EPA ID Number MID 000 724 831					
Facility's Phone: (800) 592-5489										
GENERATOR	9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	X	1. PC3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), PGIII			DOT DT		46,000	P	0000	
		2.								
		3.								
		4.								
14. Special Handling Instructions and Additional Information DT: D10006MID / HAZARDOUS SOILS (0000) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.										
15. GENERATOR/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>HR Blankenship</i> Month Day Year 05 10 10										
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST										
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:									
	17. Transporter Acknowledgment of Receipt of Materials									
TRANSPORTER	Transporter 1 Printed/Typed Name William J. Schaffner					Signature <i>William J. Schaffner</i>		Month Day Year 05 10 10		
	Transporter 2 Printed/Typed Name					Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	Facility's Phone: Month Day Year									
18c. Signature of Alternate Facility (or Generator) Month Day Year										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H111 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a										
Printed/Typed Name <i>N. Engle</i>					Signature <i>N. Engle</i>		Month Day Year 05 11 10			

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198875JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Anthony J. Smith

TR# 7164

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198876 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7688						
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY			U.S. EPA ID Number ILD 007 814 825			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Vol.
	X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	No. 001	Type BT	51,000	P 0000
		2.				
		3.				
		4.				
13. Waste Codes						
14. Special Handling Instructions (if any): BY: SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 05 10 10	
BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST						
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:		
	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name Leslie Zahner			Signature <i>Leslie Zahner</i>		Month Day Year 05 10 10
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name			Signature		Month Day Year
	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	18b. Alternate Facility (or Generator)			Manifest Reference Number: U.S. EPA ID Number		
	Facility's Phone: 18c. Signature of Alternate Facility (or Generator)			Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name W. Enright			Signature <i>W. Enright</i>		Month Day Year 05 11 10	

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198876

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

7170

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198877 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY				U.S. EPA ID Number ILD 007 814 825		
7. Transporter 2 Company Name 				U.S. EPA ID Number 		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.
X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII			001 DT	51,000	P 0008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information DT: DISCARDED HAZARDOUS SOLIDS (0000) SWML54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>H.R. Blankenship</i>		Month Day Year 05 10 10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Bence Clover				Signature <i>Bence Clover</i>		Month Day Year 05 10 10
Transporter 2 Printed/Typed Name 				Signature 		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator) U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2. _____		3. _____		4. _____
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name W. Engh				Signature <i>W. Engh</i>		Month Day Year 05 11 10

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198877JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)



Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Anthony J. Smith

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198878 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 639-7668					
6. Transporter 1 Company Name SEELMAN TRUCK COMPANY			U.S. EPA ID Number MD 007 814 825		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9. PGIII	No. 001	Type BT	46,000
12. Unit Wt./Vol. P					
13. Waste Codes 0000					
14. Special Handling Instructions (if any) (e.g., SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.)					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>H.R. Blankenship</i> Month 05 Day 10 Year 10					
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name <i>Shawn Carter</i>		Signature <i>Shawn Carter</i>		Month 05 Day 10 Year 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Actual weight: 53,960 P					
OK per David Hux & Earth Smart as agent for generator 5-12-10 RW					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name <i>N. Engle</i>		Signature <i>N. Engle</i>		Month 05 Day 11 Year 10	

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198878JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA ID # MII000724831)

☐ Wayne Disposal, Inc.
(EPA ID # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Anthony J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

138

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198879 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name PEELMAN TRUCK COMPANY US Bulk Transport Inc.			U.S. EPA ID Number PA0987347515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT P 40350 N-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 331			
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD) 9.0311	001	DT	46,000	F
	2.					
	3.					
14. Special Handling Instructions and Additional Information 01 D108064MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & S VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>H.R. Blankenship</i>		Month Day Year 05 10 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	Transporter signature (for exports only): _____					
	17. Transporter Acknowledgment of Receipt of Materials					
TRANSPORTER	Transporter 1 Printed/Typed Name STEVEN SCHULTZ			Signature <i>Steven Schultz</i>		Month Day Year 05 10 10
	Transporter 2 Printed/Typed Name			Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Actual weight: 53,220 P					
	OK per David Hux @ Earth Smart as agent for generator. 5-12-10					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name M. Emery			Signature <i>M. Emery</i>		Month Day Year 05 11 10	

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198879JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730		2. Page 1 of 1	3. Emergency Response Phone (800) 424-8300		4. Manifest Tracking Number 007198880 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 (540) 639-7888					Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
6. Transporter 1 Company Name US BULK TRANSPORT INC.					U.S. EPA ID Number PA0987347515				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 40350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 562-5489					U.S. EPA ID Number MID 000 724 831				
Facility's Phone:									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII			No. 001 Type DT		44,000	P	0000
	2.								
	3.								
	4.								
14. U.S. DOT Hazardous Waste Label (0000) SVML04 ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-8300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC					Signature <i>HR Blankenship</i>		Month Day Year 05 10 10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST									
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:								
	Transporter signature (for exports only):								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name Charles Kearas					Signature <i>Charles Kearas</i>		Month Day Year 05 10 10	
Transporter 2 Printed/Typed Name					Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection								
	Manifest Reference Number: U.S. EPA ID Number								
	18b. Alternate Facility (or Generator) U.S. EPA ID Number								
	Facility's Phone: Month Day Year								
18c. Signature of Alternate Facility (or Generator)									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H111		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a									
Printed/Typed Name <i>W. Emery</i>					Signature <i>W. Emery</i>		Month Day Year 05 11 10		

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FIA-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 607198880JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Smith

Please print or type. (Form designed for use on eight (12-pitch) typewriter.)

US Bulk #119

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198881 JJK																																																						
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7868 Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141																																																											
6. Transporter 1 Company Name DELMAN TRUCK COMPANY				U.S. EPA ID Number PA1987347515																																																							
7. Transporter 2 Company Name US BULK TRANSPORT INC				U.S. EPA ID Number MID 000 724 831																																																							
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489																																																											
<table border="1"> <thead> <tr> <th colspan="2">9a. HM</th> <th colspan="2">9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))</th> <th>10. Containers</th> <th>11. Total Quantity</th> <th>12. Unk Wt/Vol.</th> <th colspan="2">13. Waste Codes</th> </tr> <tr> <th>No.</th> <th>Type</th> <th colspan="2"></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>X</td> <td>1</td> <td colspan="2">HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII</td> <td>47,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>2</td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>3</td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>4</td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers	11. Total Quantity	12. Unk Wt/Vol.	13. Waste Codes		No.	Type								X	1	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII		47,000						2									3									4							
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers	11. Total Quantity	12. Unk Wt/Vol.	13. Waste Codes																																																				
No.	Type																																																										
X	1	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII		47,000																																																							
	2																																																										
	3																																																										
	4																																																										
14. Special Handling Instructions and Additional Information D1: D10004MID7 HAZARDOUS SOILS (0000) SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.																																																											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.																																																											
Generator's/Officer's Printed/Typed Name: ALLIANT TECHSYSTEMS INC Signature: <i>H.R. Blankenship</i> BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST Month: 05 Day: 10 Year: 10																																																											
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____																																																											
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: <i>Paul Bazzano</i> Signature: <i>Paul Bazzano</i> Month: 05 Day: 10 Year: 10																																																											
18. Discrepancy ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number: _____																																																											
18b. Alternate Facility (or Generator) Facility's Phone: _____ Month: _____ Day: _____ Year: _____																																																											
18c. Signature of Alternate Facility (or Generator) Month: _____ Day: _____ Year: _____																																																											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. 3. 4.																																																											
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a. Printed/Typed Name: <i>N. Enright</i> Signature: <i>N. Enright</i> Month: 05 Day: 11 Year: 10																																																											

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

This certificate is to verify the wastes specified on Manifest # 007198881JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

☐ Wayne Disposal, Inc.
(EPA I.D. # MWD04890633)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MWD006724831)

FACILITY NAME:
(Please check one)

ADDRESS:
49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:
1-800-592-5489

FAX NUMBER:
1-800-593-5329

Authorized Signature: 

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

#103

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198882 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY US BULK TRANSPORT INC.			U.S. EPA ID Number PA0981347515		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489			U.S. EPA ID Number MID 000 724 831		
Facility's Phone:					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 6, PSN	001 BT		46,000	P
	2.				
	3.				
	4.				
13. Waste Codes 0006					
14. Special Handling Instructions and Additional Information HAZARDOUS SOILS (D008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 05 12 10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>CREG RASTER</i> Signature <i>CREG RASTER</i> Month Day Year 05 12 10 Transporter 2 Printed/Typed Name Signature Month Day Year					
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone: Month Day Year					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name <i>Michael Rohde</i> Signature <i>Michael Rohde</i> Month Day Year 05 13 10					

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

This certificate is to verify the wastes specified on Manifest # 007198882 JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☐ Michigan Disposal Waste Treatment Plant
(EPA ID: # MD000724831)

☐ Wayne Disposal, Inc.
(EPA ID: # MD048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

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8/25/08

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198883 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668					
Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141					
6. Transporter 1 Company Name COLEMAN TRUCK COMPANY US Bulk Transport Inc.					
7. Transporter 2 Company Name					
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489					
9. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))					
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type	11. Total Quantity
X		1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII		001 DT	44,000
2.					
3.					
4.					
13. Waste Codes 008					
14. Special Handling Instructions and Additional Information 01. D108064MDI/HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>H.R. Blankenship</i> Month 05 Day 12 Year 10					
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Dave Cooper Signature <i>Dave Cooper</i> Month 05 Day 12 Year 10 Transporter 2 Printed/Typed Name Signature Month Day Year					
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number					
18b. Alternate Facility (or Generator) Facility's Phone: Month Day Year					
18c. Signature of Alternate Facility (or Generator)					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name David K... .. Signature <i>David K...</i> Month 05 Day 13 Year 10					

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest #

007198883JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:

(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:





THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198884 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 (540) 639-7668		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name US Bulk Transport Inc.		U.S. EPA ID Number PA8987347515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489		U.S. EPA ID Number MID 000 724 801			
Facility's Phone:		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
9a. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number.) HAZARDOUS WASTE SOLID, N.O.S. (LEAD) 3. PGH	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number.) HAZARDOUS WASTE SOLID, N.O.S. (LEAD) 3. PGH	No. 001	Type DT	4,000 (EST)	P 0008
14. Special Handling Instructions and Additional Information HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & S VIA CONTRACT WITH CHEMTREC					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 15 12 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Sharon Dars		Signature <i>Sharon Dars</i>		Month Day Year 15 12 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number: U.S. EPA ID Number					
18b. Alternate Facility (or Generator) Facility's Phone: Month Day Year					
18c. Signature of Alternate Facility (or Generator)					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Michael Rohde					
Signature <i>Michael Rohde</i>		Month Day Year 15 13 10			
DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)					

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198884 JJJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)



Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198885 JJK	
6. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7688			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
8. Transporter 1 Company Name DELMAN TRUCK COMPANY			U.S. EPA ID Number PA2987347515		U.S. EPA ID Number MID 000 724 831	
7. Transporter 2 Company Name			U.S. EPA ID Number		U.S. EPA ID Number	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 000 724 831		U.S. EPA ID Number	
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	HAZARDOUS WASTE SOLID, H.O.S. (LEAD), 9, PGIII	001 OT		44,000 (EST)	P	D008
14. Special Handling Instructions and Additional Information DITON/HAZARDOUS SOILS (D008)-SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature H.R. Blankenship		Month Day Year 05 12 10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST				Signature James Jernay		Month Day Year 05 12 10
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name James Jernay Signature James Jernay Month Day Year 05 12 10 Transporter 2 Printed/Typed Name Signature Month Day Year						
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name David Taracki Signature David Taracki Month Day Year 05 13 10						

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

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8/25/08

This certificate is to verify the wastes specified on Manifest # 007198885JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198886 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7668					
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY US Bulk Transport Inc.		U.S. EPA ID Number MD 007 014 825 MD 987347515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
X	1. HAZARDOUS WASTE SOLID; N.O.S. (LEAD); 9, POH	No. 001	Type DT	48,000 (EST)	P
	2.				
	3.				
	4.				
13. Waste Codes					
0006					
14. Special Handling Instructions and Additional Information DT: DT00084001 HAZARDOUS SOLIDS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>HR Blankenship</i>		Month Day Year 05 12 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Larry Wood		Signature <i>Larry Wood</i>		Month Day Year 05 12 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Actual weight: 53,900 P OK per David Huxia Earth Smart as agent for generator. 5-17-10 RW					
18b. Alternate Facility (or Generator)					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)				Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111	2.	3.	4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name David Tannan		Signature <i>David Tannan</i>		Month Day Year 5 13 10	



CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198886 JJJ
have been properly disposed of in accordance with all local, state and federal regulations.
"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

135

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198887 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name WELLMAN TRUCK COMPANY US BULK TRANSPORT INC			U.S. EPA ID Number PA0987347515 PA0987347515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	DT	46,000 (EST.)	P	D008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01. D108064MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST			Signature <i>H.R. Blankenship</i>		Month Day Year 5 12 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>CARL GEIUSE</i>		Signature <i>[Signature]</i>		Month Day Year 5 12 10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name <i>David Tarnack</i>		Signature <i>[Signature]</i>		Month Day Year 5 12 10		

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

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8/25/08

This certificate is to verify the wastes specified on Manifest # 007198887JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Anthony J. Smith

Form Approved. OMB No. 2050-0039

GENERATOR

TRANSPORTER INTI

DESIGNATED FACILITY

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198888 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: 



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

TRK # 160

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198889 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name DELMAN TRUCK COMPANY			U.S. EPA ID Number PAD987347515		② ILD 007 814 825	
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WL/Vol.
			No.	Type		
	1. NA3077. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII		001	DT	44,000 (EST.)	P
	2.					
	3.					
4.						
14. Special Handling Instructions and Additional Information 01. D108064MD17 HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 05 12 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>Chavney Bowser</i>			Signature <i>Chavney Bowser</i>		Month Day Year 05 12 10	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number: U.S. EPA ID Number						
18b. Alternate Facility (or Generator)						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name <i>David Turchi</i>			Signature <i>David Turchi</i>		Month Day Year 5 13 10	



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198889JJJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: 

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198890 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY			U.S. EPA ID Number PA5 987347515		7. Transporter 2 Company Name	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	X	HAZARDOUS WASTE SOLID, H.O.G. (LEAD), D. PIII	No. 001	Type 01	48,000 (EST.)	P 0008
	1.					
	2.					
	3.					
14. Special Handling Instructions and Additional Information HAZARDOUS SOLIDS (P008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>H.R. Blankenship</i>		Month Day Year 05/12/10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:		
	Transporter signature (for exports only):					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials			Month Day Year		
	Transporter 1 Printed/Typed Name <i>Chad Caffer</i>			Signature <i>Chad Caffer</i>		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name			Signature		
	18. Discrepancy			Month Day Year		
18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection			Actual weight: 58,240 P OK per David Hux @ Earth Smart as agent for generator 5-17-10 RW			
18b. Alternate Facility (or Generator)			U.S. EPA ID Number			
Facility's Phone:			Month Day Year			
18c. Signature of Alternate Facility (or Generator)			Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <i>David Tannan</i>			Signature <i>David Tannan</i>		Month Day Year 5/13/10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198890 JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MD000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730		2. Page 1 of 1		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 007198891 JJK		
		5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100								
		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141								
		6. Generator's Phone: (540) 639-7668						U.S. EPA ID Number PAD987347515		
		6. Transporter 1 Company Name DEELMAN TRUCK COMPANY US Bulk Transport Inc.						U.S. EPA ID Number ALD 007 814 825		
		7. Transporter 2 Company Name								
		8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111						U.S. EPA ID Number MID 000 724 831		
		Facility's Phone: (800) 592-5489								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9. PGIII				001 DT		44,000 (EST.)	P	0008
		2.								
		3.								
		4.								
14. Special Handling Instructions and Additional Information 01. D108054MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/picarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>HR Blankenship</i> Month 05 Day 12 Year 10										
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:										
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Jeremy Flaminio					Signature <i>Jeremy Flaminio</i>		Month 05 Day 12 Year 10		
Transporter 2 Printed/Typed Name					Signature		Month Day Year			
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection									
	Actual weight: 52,180 lb OK per David Tux @ Earth Smart as agent for generator. 5-17-10									
	18b. Alternate Facility (or Generator)									
	Facility's Phone: Month Day Year									
18c. Signature of Alternate Facility (or Generator)										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H111		2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name David Tarnach					Signature <i>David Tarnach</i>		Month 05 Day 13 Year 10			

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 00 7198891 JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MDD0007248311)

☐ Wayne Disposal, Inc.
(EPA I.D. # MTD048090613)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:





THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198892 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7668			U.S. EPA ID Number 82 ILD 007 01A 025 PA8987347515			
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
Facility's Phone:						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	X	NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	No. 001	Type OT	46,000 (EST.)	P
13. Waste Codes 0000						
14. Special Handling Instructions and Additional Information HAZARDOUS SOLIDS (D008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>H.R. Blankenship</i>		Month Day Year 05 12 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:		
	Transporter signature (for exports only):					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials			Month Day Year		
	Transporter 1 Printed/Typed Name <i>Charlotte Flamm</i>	Signature <i>[Signature]</i>		Month Day Year 05 12 10		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name			Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <i>David Tarnadi</i>			Signature <i>[Signature]</i>		Month Day Year 05 13 10	

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198892-JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Robert J. Smith



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form Approved. OMB No. 2050-0039

DESIGNATED FACILITY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest #

007198893555K

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:

(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Matthew J. Singh



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198894 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY				U.S. EPA ID Number PA5987347515		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PT 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 000 724 831		
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001 DT		46,000 (EST.)	P	0008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information DT: D108084MD17 HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>HR Blankenship</i>		Month Day Year 105 14 10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Charles Keras				Signature <i>Charles Keras</i>		Month Day Year 105 14 10
Transporter 2 Printed/Typed Name				Signature		Month Day Year 105 14 10
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number: U.S. EPA ID Number						
18b. Alternate Facility (or Generator) Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name David Tarnack				Signature <i>David Tarnack</i>		Month Day Year 105 17 10

CERTIFICATE OF DISPOSAL

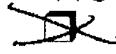


This certificate is to verify the wastes specified on Manifest # 007198894JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID004809633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

102-1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198895 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Generator's Phone: (540) 639-7668					
7. Transporter 1 Company Name STEELEMAN TRUCK COMPANY U.S. Bulk Transport Inc.			U.S. EPA ID Number PA0987347515 PA0987347515		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	
	X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), #, PGIII	001	DT	46,000 (EST)
					12. Unit Wt./Vol.
					13. Waste Codes
14. Special Handling Instructions and Additional Information 01. D108064MDI / HAZARDOUS SOILS (D008) - SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
Signature <i>H.R. Blankenship</i>					Month Day Year 05 14 10
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.				
	Port of entry/exit: Date leaving U.S.:				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name Sharon Adams		Signature <i>Sharon Adams</i>		Month Day Year 05 14 10
	Transporter 2 Printed/Typed Name		Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy				
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection				
	Manifest Reference Number:				
	U.S. EPA ID Number				
	Facility's Phone:				
	18c. Signature of Alternate Facility (or Generator)				Month Day Year
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)				
	1. H111	2.	3.	4.	
	20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a				
	Printed/Typed Name Michael Rohde		Signature <i>Michael Rohde</i>		Month Day Year 05 17 10



CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198895 JJJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID0-48090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: **VA1 210 020 730**

2. Page 1 of 1

3. Emergency Response Phone: **(800) 424-9300**

4. Manifest Tracking Number: **007198896 JJK**

5. Generator's Name and Mailing Address: **ALLIANT TECH SYSTEMS**
PO BOX 1
ATTN: HR BLANKENSHIP
RADFORD, VA 24143-0100

Generator's Site Address (if different than mailing address):
ROUTE 114
RADFORD, VA 24141

Generator's Phone: **(540) 639-7668**

6. Transporter 1 Company Name: **US Bulk Transport Inc.**

U.S. EPA ID Number: **PA0987347515**

7. Transporter 2 Company Name:

U.S. EPA ID Number:

8. Designated Facility Name and Site Address: **MICHIGAN DISPOSAL WASTE TREATMENT PI**
49350 N I-94 SERVICE DRIVE
BELLEVILLE, MI 48111

U.S. EPA ID Number: **MID 000 724 831**

Facility's Phone: **(800) 592-5489**

9a. HM: **X**

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)):
HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII

10. Containers:

No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
1	DT	46,000 (EST.)		0000
2				
3				
4				

14. Special Handling Instructions: **SHAW E & I VIA CONTRACT WITH CHEMTREC.**

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(e) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: **ALLIANT TECHSYSTEMS INC**

Signature: **HR Blankenship**

Month: **05** Day: **14** Year: **10**

16. International Shipments: ☐ Import to U.S. ☐ Export from U.S.

Port of entry/exit: _____

Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **GREG Rasler**

Signature: **[Signature]**

Month: **05** Day: **14** Year: **10**

Transporter 2 Printed/Typed Name:

Signature:

Month: _____ Day: _____ Year: _____

18. Discrepancy

18a. Discrepancy Indication Space: ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Actual weight: **52,860 P**

OK per David Hux @ Earth Smart as agent for generator. 5-19-10 RW

18b. Alternate Facility (or Generator): _____

U.S. EPA ID Number: _____

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator): _____

Month: _____ Day: _____ Year: _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. **H111** 2. _____ 3. _____ 4. _____

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: **David Tomacki**

Signature: **[Signature]**

Month: **05** Day: **17** Year: **10**

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198896JJJ

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Engle

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198897 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY				U.S. EPA ID Number PAD 987347515		
7. Transporter 2 Company Name US BULK TRANSPORT INC.				U.S. EPA ID Number ED 007 014 025		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 000 724 831		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	DT	46,000 (EST.)	P
		2.				
		3.				
		4.				
13. Waste Codes						
14. Special Handling Instructions and Additional Information 01. D108064MD1 / HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC.				Signature <i>H.R. Blankenship</i>		Month Day Year 05 14 10
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
	Transporter signature (for exports only):					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name Kenneth D. A2		Signature <i>Kenneth D. A2</i>		Month Day Year 05 14 10	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number					
	Facility's Phone:					
	18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name David Tarnack				Signature <i>David Tarnack</i>		Month Day Year 05 17 10

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198897JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID04890633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198898 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 838-7668						
6. Transporter 1 Company Name US BULK TRANSPORT INC.			U.S. EPA ID Number PA0 987347515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH1	No. 001 Type DT	46,000 (EST)	P	0000
14. Special Handling Instructions and Additional Information BY: 1708084101 HAZARDOUS SOLIDS (D008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC						
Signature HR Blankenship						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name STEVEN SCHULZ						
Signature [Signature]						
18. Discrepancy 18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 56,380 P OK per David Hux @ Earth Smart as agent for generator. 5-19-10 RW						
18b. Alternate Facility (or Generator) Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) David Tarnacki						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name David Tarnacki						
Signature [Signature]						
Month Day Year 15 17 10						

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198898 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

136

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198899 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668			U.S. EPA ID Number PA0987347575				
6. Transporter 1 Company Name DELMAN TRUCK COMPANY US BULK TRANSPORT INC.			U.S. EPA ID Number 800007314825				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (600) 592-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9. PGIII	001	DT	46,000 (EST)	P	D008
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 01. D108064MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>H.R. Blankenship</i> Month Day Year 10/14/10							
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name <i>Larry Good</i> Signature <i>Larry Good</i> Month Day Year 10/14/10						
Transporter 2 Printed/Typed Name Signature Month Day Year							
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H111		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name <i>David Tarnack</i> Signature <i>D. Tarnack</i> Month Day Year 5/17/10							

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 00 7198899 JJK

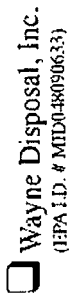
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)



Wayne Disposal, Inc.
(EPA I.D. # MID0-48090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Emery

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198900 JJK	
5. Generator Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name DELMAN TRUCK COMPANY			U.S. EPA ID Number 8100-007-844-885		7. Transporter 2 Company Name US BULK TRANSPORT INC.	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PL 49350 N 1-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
9a. HM X	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 8, PGIII	10. Containers No. 001 Type BT		11. Total Quantity 48,000 (EST)	12. Unit Wt/Vol. P	13. Waste Codes 0000
14. Special Handling Instructions and Additional Information OF 010804M01 HAZARDOUS SOLIDS (C008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST			Signature H.R. Blankenship		Month Day Year 05 14 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name AT Green Signature Month Day Year 05 14 10 Transporter 2 Printed/Typed Name Signature Month Day Year 15 14 10						
18. Discrepancy 18a. Discrepancy Indication Space Actual Weight: 55,120 P OK per David Aux @ Earth Smart as agent for generator. 5-19-10 PW ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year 15 17 10						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed Name Signature Michael Rohde Month Day Year 15 17 10						

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 067198900JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID0048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

US Bulk # 117

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198901 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Transporter 1 Company Name US BULK TRANSPORT INC				U.S. EPA ID Number PAD 987347515		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 000 724 831		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity
				No.	Type	12. Unit WL/Vol.
	HA	1. RA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9. PGIII		001	DT	46,000 (EST.)
						13. Waste Codes
						0008
14. Special Handling Instructions and Additional Information 01. D108064MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/packaged, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>HR Blankenship</i>		Month Day Year 05 14 10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	Transporter signature (for exports only): _____					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name <i>Paul Ryzab</i>		Signature <i>Paul Ryzab</i>		Month Day Year 05 14 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Manifest Reference Number: _____					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name <i>David Tarasuli</i>				Signature <i>David Tarasuli</i>		Month Day Year 05 17 10

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198901JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID00072-4831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Smith



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

135

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198902 JJK		
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141					
Generator's Phone: (540) 639-7668							
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number MID 007 814 825					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489		U.S. EPA ID Number MID 000 724 831					
Facility's Phone:							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 3. PGIII	10. Containers No. 001	Type BT	11. Total Quantity 40,000 (EST.)	12. Unit Wt./Vol. P	13. Waste Codes D000
14. Special Handling Instructions and Additional Information 07: D000 AND 17: HAZARDOUS SOLIDS (D008) SWML54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>HR Blankenship</i> Month 05 Day 14 Year 10							
BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST							
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
	Transporter signature (for exports only):						
	17. Transporter Acknowledgment of Receipt of Materials						
DESIGNATED FACILITY	Transporter 1 Printed/Typed Name Cam GEORGE Signature <i>Cam George</i> Month 05 Day 14 Year 10						
	Transporter 2 Printed/Typed Name Signature Month Day Year						
	18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H111 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Michael Rohle Signature <i>Michael Rohle</i> Month 05 Day 14 Year 10							

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198902 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # M11000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # M11043090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

1554

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198903 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Transporter 1 Company Name US Bulk Transport Inc.				U.S. EPA ID Number PAD987347515		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 000 724 831		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	No. 001	Type DT	48,000 (EST)	P
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01. D108064MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST <i>HR Blankenship</i> Month Day Year 10/05/14						
TRANSPORTER	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name CLINT WEAVER Signature <i>Clint Weaver</i> Month Day Year 10/05/14 Transporter 2 Printed/Typed Name Signature Month Day Year					
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number					
	Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name Michael Rohle Signature <i>Michael Rohle</i> Month Day Year 10/05/14						

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198903 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID04809633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Appendix C-4

Hazardous Waste – Area B

RADFORD ARSENAL

Truck Log - Hazardous Waste

Shaw Project No. 136880

SWMU 54 - Area A

							Actual Tons
Ship Date	Truck/Trailer No.	Plate No.	State	Time In	Time Out	Manifest No.	Shipped
04/13/10	800/38819	54-58	MO	0800	0905	006160792 JJK	24.58
	794/38624	66APIV	MO	0800	0905	006160793 JJK	23.40
	502/58	422007	IL	0910	1015	006160794 JJK	24.83
	680/54	P642682	IL	0910	1015	006160795 JJK	25.47
	968/52	P499050	IL	1145	1245	006160796 JJK	26.95
	690/55	P558423	IL	1145	1245	006160797 JJK	25.58
	7177/57	346919	IN	1245	1345	007198948 JJK	26.39
	6191/56	249902	IN	1245	1345	007198949 JJK	25.61
04/13/10	917/3812	P660509	IL	0715	0815	007198950 JJK	24.65
	556/3803	P660508	IL	0715	0815	007198951 JJK	24.40
	7175/38803	309258	IN	1050	1135	007198952 JJK	25.61
	7164/38802	224244	IN	1050	1135	007198953 JJK	26.19
	9176/38817	1123220	IN	1200	1315	007198954 JJK	26.11
	7170/38800	329396	IN	1315	1420	007198955 JJK	26.25
	7153/38621	224208	IN	1315	1420	007198956 JJK	25.50
04/27/10	104/104A	AF 56968	PA	0720	0840	007198578 JJK	27.85
	146/146A	AF 45353	PA	0720	0840	007198579 JJK	23.76
	112/112A	AF 54038	PA	0840	0940	007198580 JJK	25.02
	110/110A	AF 64192	PA	0840	0940	007198581 JJK	24.94
	105/105A	MA 3273	NC	0940	1035	007198582 JJK	30.28
	118/118A	AF 63750	PA	0940	1035	007198583 JJK	34.85
08/05/10	136/136A	BA 511727	WV	0715	0830	007178175 JJK	22.50
	110/110A	AF 64192	PA	0715	0830	007178176 JJK	23.00
	146/146A	AF 45353	PA	0830	0930	007178177 JJK	23.00
	105/105A	MA 3273	NC	0830	0930	007178178 JJK	23.00
	129/129A	AF 58510	PA	0930	1035	007178179 JJK	23.00
	196/196A	AF 58516	PA	0930	1035	007178180 JJK	23.00
	1772/114B	AF 64188	PA	1035	1135	007178181 JJK	23.00
08/06/10	119/119A	RA 51735	MI	0755	0855	007178182 JJK	22.50
	1296/1297A	AF 50286	PA	0755	0855	007178183 JJK	24.00
	138/138A	AF 37311	PA	0900	0955	007178184 JJK	24.00
	135/135A	AF 37316	PA	0900	0955	007178185 JJK	23.00
	150/150A	AF 50946	PA	1005	1100	007178186 JJK	22.00
	1275/1275A	AE 45857	PA	1005	1100	007178187 JJK	23.00
	571/2571	59683 HZ	TN	1250	1330	007178188 JJK	23.00
	35						870.22

Truck Log - Hazardous Waste

SWMU 54 - Area B

							Actual Tons
Ship Date	Truck/Trailer No.	Plate No.	State	Time In	Time Out	Manifest No.	Shipped

04/22/10	169/4210	1015115	IN	0725	0840	007198844 JJK	21.01
	104/104A	AF 56968	PA	0725	0840	007198843 JJK	26.23
	158/158A	AF 60061	PA	0840	0950	007198845 JJK	23.80
	6191/56	249902	IN	0840	0950	007198957 JJK	26.45
	7175/38803	309258	IN	0950	1055	007198958 JJK	25.98
	9162/51	10872491	IN	0950	1055	007198959 JJK	25.38
	7170/38800	329396	IN	1055	1150	007198960 JJK	26.51
	7164/38802	224244	IN	1055	1150	007198961 JJK	25.37
	7162/38805	309274	IN	1200	1310	007198850 JJK	29.63
	160/160A	AE 74317	PA	1200	1310	007198846 JJK	26.53
	556/3803	P660508	IL	1310	1420	007198851 JJK	24.78
	186/186A	AF 37312	PA	1310	1420	007198847 JJK	22.82
	917/3812	P660509	IL	1420	1525	007198852 JJK	24.78
	7153/38621	224208	IN	1420	1525	007198853 JJK	25.70
	108/108A	AF 69607	PA	1525	1635	007198848 JJK	19.96
	197/197A	24424PA	NY	1525	1636	007198849 JJK	22.77
04/23/10	119/119A	RA 51735	MI	0715	0820	007198731 JJK	23.20
	110/110A	AF 64192	PA	0715	0820	007198732 JJK	24.84
	103/103A	134252	IN	0820	0920	007198733 JJK	25.37
	135/135A	AF 37316	PA	0820	0920	007198734 JJK	22.72
	112/112A	AF 54038	PA	0920	1020	007198735 JJK	23.31
	118/118A	AF 63750	PA	0920	1020	007198736 JJK	25.71
	152/152A	PVJ8819	OH	1020	1105	007198737 JJK	22.42
	105/105A	MA 3273	NC	1020	1105	007198738 JJK	25.61
	162/162A	AF 64188	PA	1115	1215	007198739 JJK	22.12
	1603/1603A	AF 64191	PA	1115	1215	007198740 JJK	23.47
	176/176A	AF 52110	PA	1215	1315	007198741 JJK	22.79
	102/102A	AF 13874	PA	1215	1315	007198742 JJK	22.94
	136/136A	BA 511727	WV	1320	1415	007198743 JJK	24.93
	146/146A	AF 45353	PA	1320	1415	007198744 JJK	25.52
	191/191A	AF 52837	PA	1415	1520	007198745 JJK	27.14
	147/147A	AF 64010	PA	1415	1520	007198746 JJK	27.90
04/26/10	160/160A	AE 74317	PA	0720	0830	007198747 JJK	23.91
	157/157A	AF 48980	PA	0720	0830	007198748 JJK	21.57
	133/133A	AF 37318	PA	0830	0935	007198854 JJK	24.51
	186/186A	AF 37312	PA	0830	0935	007198855 JJK	23.09
	192-2/192-2A	AF 11349	PA	0935	1100	007198856 JJK	22.97
	192-6/192-6A	AF 61921	PA	0935	1100	007198857 JJK	22.15
	120-1/120-1A	AF 57278	PA	1110	1215	007198858 JJK	21.55
	120/120A	AF 64190	PA	1110	1215	007198859 JJK	25.19
	130/130A	AF 62314	PA	1215	1310	007198860 JJK	24.57
	1222/1222A	AF 64157	PA	1215	1310	007198861 JJK	25.50
	1222-1/1222-1A	AF 72821	PA	1310	1400	007198862 JJK	25.39
	351/351A	AF 65622	PA	1310	1400	007198863 JJK	24.06
	196/196A	AF 58516	PA	1400	1500	007198864 JJK	24.22
	158/158A	AF 60061	PA	1400	1500	007198865 JJK	22.61
	150/150A	AF 50946	PA	1510	1620	007198866 JJK	20.79
	192-7/192-7A	AF 64436	PA	1510	1620	007198867 JJK	22.78
04/27/10	136/136A	BA 511727	WV	1045	1140	007198584 JJK	23.49
	103/103A	134252	IN	1045	1140	007198585 JJK	26.61
	147/147A	AF 64010	PA	1145	1240	007198586 JJK	26.39
	191/191A	AF 52837	PA	1145	1240	007198587 JJK	27.65

	135/135A	AF 36316	PA	1240	1330	007198588 JJK	25.62
	119/119A	RA 51735	MI	1330	1445	007198589 JJK	25.52
	169/169A	1015115	IN	1330	1445	007198868 JJK	27.29
	177/177A	AF 64188	PA	1445	1545	007198869 JJK	24.51
05/10/10	160/160A	AE 74317	PA	0710	0800	007198870 JJK	24.40
	157/157A	AF 48980	PA	0710	0800	007198871 JJK	23.08
	105/105A	MA 3273	NC	0800	0855	007198872 JJK	24.11
	154/154A	AF 6413	PA	0800	0855	007198873 JJK	23.61
	196/196A	AF 58516	PA	0900	1000	007198874 JJK	23.82
	192-2/192-2A	AF 11349	PA	0900	1000	007198875 JJK	24.90
	7164/38802	224244	IN	1000	1100	007198876 JJK	26.20
	7170/38800	329396	IN	1000	1100	007198877 JJK	26.29
	146/146A	AF 45353	PA	1100	1200	007198878 JJK	26.82
	138/138A	AF 37311	PA	1100	1200	007198879 JJK	31.03
	110/110A	AF 64192	PA	1130	1230	007198880 JJK	26.98
	119/119A	RA 51735	MI	1130	1230	007198881 JJK	26.61
05/12/10	103/103A	134252	IN	0700	0800	007198882 JJK	25.03
	102/102A	AF 13874	PA	0800	0900	007198883 JJK	24.68
	102-1/102-1A	AF 49598	PA	0800	0900	007198884 JJK	24.13
	186/186A	AF 37312	PA	0930	1040	007198885 JJK	23.47
	136/136A	BA 511727	WV	0930	1040	007198886 JJK	24.79
	135/135A	AF 37316	PA	1040	1135	007198887 JJK	22.66
	118/118A	AF 63750	PA	1040	1135	007198888 JJK	21.52
	160/160A	AE 74317	PA	1140	1240	007198889 JJK	22.31
	169/4210	10515115	IN	1140	1240	007198890 JJK	24.44
	147/147A	AF 64010	PA	1245	1330	007198891 JJK	29.12
	191/191A	AF 52837	PA	1245	1330	007198892 JJK	26.95
	150/150A	AF 50946	PA	1330	1430	007198893 JJK	26.09
05/14/10	110/110A	AF 64192	PA	0715	0815	007198894 JJK	24.76
	102-1/102-1A	AF 49598	PA	0715	0815	007198895 JJK	24.67
	103/103A	134252	IN	0745	0845	007198896 JJK	25.06
	105/105A	MA 3273	NC	0745	0845	007198897 JJK	24.93
	138/138A	AF 37311	PA	0900	1000	007198898 JJK	24.84
	136/136A	BA 511727	WV	0900	1000	007198899 JJK	24.92
	118/118A	AF 63750	PA	0925	1015	007198900 JJK	23.93
	119/119A	RA 51735	MI	1120	1210	007198901 JJK	26.43
	135/135A	AF 37316	PA	1215	1300	007198902 JJK	28.19
	1554/1554A	AF 29519	PA	1530	1630	007198903 JJK	24.00
	90						2200.40

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198844 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 (540) 630-7668				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY US BULK TRANSPORT INC				U.S. EPA ID Number ALD 007 614 825 9813-7515		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 582-5489				U.S. EPA ID Number MID 000 724 831		
Facility's Phone:						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH1	No. 001	Type DT	46,000	P
	2.					
	3.					
	4.					
13. Waste Codes						
14. U.S. DOT Hazardous Waste Label (D008) - SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST				Signature <i>HR Blankenship</i>		Month Day Year 10/22/10
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name <i>Chad C. Capor</i>			Signature <i>Chad C. Capor</i>		Month Day Year 04/22/10
	Transporter 2 Printed/Typed Name			Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Manifest Reference Number:					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
	Facility's Phone:					
	18c. Signature of Alternate Facility (or Generator)					Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H111	2.	3.	4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 16a						
Printed/Typed Name <i>N. Emery</i>				Signature <i>N. Emery</i>		Month Day Year 10/26/10

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198844 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730		2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 007198843 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100					Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668					U.S. EPA ID Number PAD987347515				
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY US BULK TRANSPORT INC					U.S. EPA ID Number 3-110-007-014-025				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489					U.S. EPA ID Number MID 000 724 831				
Facility's Phone:									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
	X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), P, PGIII			No.	Type			
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information 01. D10004MID/HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC					Signature <i>HR Blankenship</i>		Month Day Year 04 22 10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST									
INT'L	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.					Port of entry/exit: Date leaving U.S.:			
	Transporter signature (for exports only):								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					Month Day Year			
	Transporter 1 Printed/Typed Name <i>Robert Richardson</i>					Signature <i>Robert Richardson</i>		Month Day Year 04 22 10	
Transporter 2 Printed/Typed Name					Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection								
	Manifest Reference Number:								
	18b. Alternate Facility (or Generator) U.S. EPA ID Number								
	Facility's Phone:								
18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H111			2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a									
Printed/Typed Name David Tarnacki					Signature <i>David Tarnacki</i>		Month Day Year 04 23 10		

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198843JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID04809633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on 11x17 (12-pitch) typewriter.)

158

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198845 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Generator's Phone: (540) 639-7008			U.S. EPA ID Number MID 000 724 831		
6. Transporter 1 Company Name US BULK TRANSPORT INC			U.S. EPA ID Number MID 007 014 025		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt/Vol.
X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	01	46,000	P
	2.				
	3.				
	4.				
14. Special Handling Instructions and Additional Information HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII. SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST			Signature <i>H.R. Blankenship</i>		Month Day Year 04 22 10
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Data leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Nathaniel Kramer			Signature <i>Nathaniel Kramer</i>		Month Day Year 04 22 10
Transporter 2 Printed/Typed Name			Signature		Month Day Year
18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number:					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1.	2.	3.	4.		
H111					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name Nathaniel Kramer			Signature <i>Nathaniel Kramer</i>		Month Day Year 04 22 10

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198845 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198957 JJK		
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141			Generator's Phone: 540-693-7668		
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILR 000135236			U.S. EPA ID Number ILR 000135236		
7. Transporter 2 Company Name		U.S. EPA ID Number			U.S. EPA ID Number		
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		Facility's Phone: 800-592-5489			U.S. EPA ID Number MID000724831		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	52,000	P	D008
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information Line 1: Approval Number D108064 MDI RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name RY. H. BLANKSNHYP, TRANSPORTATION ANALYST		Signature <i>[Signature]</i>			Month Day Year 04 22 10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials		Signature		Month Day Year		
	Transporter 1 Printed/Typed Name KAY STIFF		<i>[Signature]</i>		04 22 10		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection		Manifest Reference Number:				
	18b. Alternate Facility (or Generator)		U.S. EPA ID Number				
	Facility's Phone:		Month Day Year				
18c. Signature of Alternate Facility (or Generator)		Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. h111		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name Long Loh		Signature <i>[Signature]</i>			Month Day Year 04 23 10		

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198957 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

7175

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198958 JJK
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141			
Generator's Phone: 540-693-7668					
6. Transporter 1 Company Name BEELMAN TRUCK CO.		U.S. EPA ID Number ILD 007814825			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111		U.S. EPA ID Number MID000724831			
Facility's Phone: 800-592-5489					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	12. Unit WL/Vol.
	1.	RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGI	001	DT	59,000
	2.				
	3.				
14. Special Handling Instructions and Additional Information: D108064/MDI Line 1: Approval Number RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW & I VIA CONTRACT WITH CHEMTREC					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>H.P. Blankenship</i>		Month Day Year 10 1 22 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name WILLIAM J. BLANKENSHIP		Signature <i>William J. Blankenship</i>		Month Day Year 10 1 22 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number:					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. h111		2.		3.	
4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name N. Enright		Signature <i>N. Enright</i>		Month Day Year 10 1 23 10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198958 JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

9162

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198959 JJK		
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141					
Generator's Phone: 540-693-7668							
6. Transporter 1 Company Name BEELMAN TRUCK CO.						U.S. EPA ID Number ILD 007814825	
7. Transporter 2 Company Name						U.S. EPA ID Number	
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111						U.S. EPA ID Number	
Facility's Phone: 800-592-5489						MID000724831	
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	x	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	50,000	P	D008
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information D108064 MDI Line 1: Approval Number Load Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>[Signature]</i>		Month 04		Day 25	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST				Year 10			
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Bill Freund Signature <i>[Signature]</i> Month 04 Day 22 Year 10						
	Transporter 2 Printed/Typed Name Signature Month Day Year						
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator) Month Day Year						
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. W111 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name David Tarnacki Signature <i>[Signature]</i> Month 4 Day 23 Year 10							

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

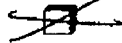
8/25/08

This certificate is to verify the wastes specified on Manifest # 007198959JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730		2. Page 1 of 1	3. Emergency Response Phone 800-424-9300		4. Manifest Tracking Number 007198960 JJK		
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143				Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141					
Generator's Phone: 540-693-7668									
6. Transporter 1 Company Name BEELMAN TRUCK CO.						U.S. EPA ID Number ILD 007814825			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111						U.S. EPA ID Number MID000724831			
Facility's Phone: 800-592-5489									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	x	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII			001 DT		59,000	P	D008
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information D108064MDI Line 1: Approval Number Lead Contaminated Soil/ ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>H.R. Blankenship</i> Month 10 Day 4 Year 2000									
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST									
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:								
	Transporter signature (for exports only):								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name Bruce Clover 2120 38800 Signature <i>Bruce Clover</i> Month 10 Day 4 Year 2000				Transporter 2 Printed/Typed Name Signature Month Day Year				
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection								
	Manifest Reference Number:								
	18b. Alternate Facility (or Generator) U.S. EPA ID Number								
	Facility's Phone:								
18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. 1111 2. 3. 4.									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a									
Printed/Typed Name N. Emery Signature <i>N. Emery</i> Month 04 Day 23 Year 2000									

CERTIFICATE OF DISPOSAL



Form # REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198960JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1210020730	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 007198961 JJK		
5. Generator's Name and Mailing Address Alliant Tech Systems Inc P.O. Box 1 Radford VA 24143		Generator's Site Address (if different than mailing address) State Route 114 Radford VA 24141					
Generator's Phone: 540-693-7668							
6. Transporter 1 Company Name BEELMAN TRUCK CO.						U.S. EPA ID Number ILD007814825	
7. Transporter 2 Company Name						U.S. EPA ID Number	
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 I-94 Service Drive Belleville, MI 48111						U.S. EPA ID Number MID000724831	
Facility's Phone: 800-592-5489							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
x	1. RQ, NA 3077, HAZARDOUS WASTE SOLID, NOS (D008, LEAD) PGII	001	DT	51,000	P	D008	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information D108064 MPI Line 1: Approval Number Lead Contaminated Soil/ ERQ #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW & I VIA CONTRACT WITH CHEMTREC							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>[Signature]</i>		Month 04		Day 15	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST				Year 2000			
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Leslie Zahner		Signature <i>[Signature]</i>		Month 04		Day 22	
Transporter 2 Printed/Typed Name		Signature		Year 2000			
18. Discrepancy							
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. 1111		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name Emrich		Signature <i>[Signature]</i>		Month 4		Day 23	
				Year 2000			

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 00 7198961JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)



Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____




THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

TCK 7162

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198850 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY			U.S. EPA ID Number ILD 007 814 825			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	No. 001	Type DT	5,000	P
13. Waste Codes						
0000						
14. Special Handling Instructions and Additional Information HAZARDOUS WASTE SOLIDS (0000) SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 04 12 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name Bruce Ritchett		Signature <i>Bruce Ritchett</i>		Month Day Year 14 12 10	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year 10 12 10	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Actual weight: 59,260 P					
	OK per David Hux & Earth Smart Env. as agent for generator. 4-26-10 R					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N Emery			Signature <i>N Emery</i>		Month Day Year 04 12 10	

CERTIFICATE OF DISPOSAL



Form # REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 207198850JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Trk # 160

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0035

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-8300	4. Manifest Tracking Number 007198846 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY			U.S. EPA ID Number PAD 987347515		7. Transporter 2 Company Name	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH	001 BT		46000 EST		0000
1						
2						
3						
4						
14. Special Handling Instructions: HAZARDOUS SOLIDS (0000) SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-8300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 04 22 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Chavez			Signature <i>Chavez</i>		Month Day Year 04 22 10	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N Enright			Signature <i>N Enright</i>		Month Day Year 04 23 10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198846JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Harold J. J. J.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730		2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 007198851 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100					Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668									
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY					U.S. EPA ID Number ILD 007 814 825				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111					U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5489									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
	X	HAZ3077, HAZARDOUS WASTE SOLID, H.O.S. (LEAD), 9, PGIII			001	D1	48000	P	0008
14. Special Handling Instructions and Additional Information 01. D10004 MDT / HAZARDOUS SOILS (D008) SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC					Signature <i>HR Blankenship</i>		Month Day Year 04 22 10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST									
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:								
	Transporter signature (for exports only):								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name Dennis Ebers					Signature <i>Dennis Ebers</i>		Month Day Year 04 22 10	
Transporter 2 Printed/Typed Name					Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection								
	Manifest Reference Number:								
	18b. Alternate Facility (or Generator) U.S. EPA ID Number								
	Facility's Phone:								
18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H111		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a									
Printed/Typed Name <i>Blankenship</i>					Signature <i>Blankenship</i>		Month Day Year		

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198851JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Harold J. Emery

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198847 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 830-7868						
6. Transporter 1 Company Name US Bulk Transport Inc.				U.S. EPA ID Number PAD 987317515		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.
			No.	Type		
	X	HA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 8, PGIII	001	DT	46,000	P
13. Waste Codes						
14. Special Handling Instructions and Additional Information 01. DITCHING / HAZARDOUS SOILS (0008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>HR Blankenship</i>		Month Day Year 04 22 10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
INT'L	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
	Transporter signature (for exports only):					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name JAMES TENARY		Signature <i>James Tenary</i>		Month Day Year 04 22 10	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Manifest Reference Number:					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
	Facility's Phone:					
	18c. Signature of Alternate Facility (or Generator)					Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H111	2.	3.	4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N Tenary				Signature <i>N Tenary</i>		Month Day Year 04 23 10

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198847JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198852 JJK					
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141							
Generator's Phone: (540) 639-7668										
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY			U.S. EPA ID Number ILD 007 814 825							
7. Transporter 2 Company Name			U.S. EPA ID Number							
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 562-5489			U.S. EPA ID Number MID 000 724 831							
Facility's Phone:										
GENERATOR	9a. HM X	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH		10. Containers No. 001 Type DT		11. Total Quantity 49000	12. Unit Wt./Vol. P 0008	13. Waste Codes		
14. SHAW E & I HAZARDOUS WASTE (0008) SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>HR Blankenship</i> Month 04 Day 22 Year 10										
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST										
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:									
	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Chris Nitcher Signature <i>Chris Nitcher</i> Month 04 Day 22 Year 10									
Transporter 2 Printed/Typed Name Signature Month Day Year										
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	Facility's Phone: Month Day Year									
18c. Signature of Alternate Facility (or Generator) Month Day Year										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H111 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a										
Printed/Typed Name N. Knapp Signature <i>N. Knapp</i> Month 4 Day 23 Year 10										

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198852JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198853 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7668							
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY				U.S. EPA ID Number ILD 007 814 825			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	DT	51,000	P	0006
14. Special Handling Instructions and Additional Information DT: 010004MB17 HAZARDOUS SOILS (0006) SWMU64 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name ALLIAN T TECHSYSTEMS INC Signature <i>[Signature]</i> Month 04 Day 22 Year 10							
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
TRANSPORTER	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name RANDALL STAPLETON Signature <i>[Signature]</i> Month 04 Day 22 Year 10 Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: _____						
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____						
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____						
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. _____ 3. _____ 4. _____						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name N. Emig Signature <i>[Signature]</i> Month 04 Day 22 Year 10							

CERTIFICATE OF DISPOSAL



Form 1 REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198853JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

108 TR

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198848 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name US BULK TRANSPORT INC.			U.S. EPA ID Number PAD 987347515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 48350 N 194 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
Facility's Phone:						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.C. (LEAD), 9, PGIII HR NA 3077 HAZARDOUS WASTE SOLID, MOS (LEAD), 9, RIII	10. Containers No. 001 Type DR	11. Total Quantity 44,000	12. Unit Wt./Vol. P	13. Waste Codes 0000
14. Special Handling Instructions and Additional Information DOT: 150000 HAZARDOUS SOLIDS (0000) SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC. Signature <i>HR Blankenship</i> Month 10 Day 4 Year 2010						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name JOE BRETZ Signature <i>Joe Bretz</i> Month 10 Day 12 Year 2010						
Transporter 2 Printed/Typed Name Signature Month Day Year						
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name <i>N. Engho</i> Signature <i>N. Engho</i> Month 10 Day 13 Year 2010						

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 667198848 DOK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Truck # 197

Form Approved. OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198849 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY US Bulk Transport INC.			U.S. EPA ID Number PA-007-014-825			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII		No. 001	Type OT	45,000	P 0008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01. D10604NDI / HAZARDOUS SOILS (D008) SWMU4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature H.R. Blankenship		Month Day Year 04 22 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:			
Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Gandy A.Hin			Signature Gandy A.Hin		Month Day Year 04 22 10	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number: U.S. EPA ID Number						
18b. Alternate Facility (or Generator)						
Facility's Phone: Month Day Year						
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name N. Knorr			Signature N. Knorr		Month Day Year 04 23 10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 007198849JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730		2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198731 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 838-7668							
6. Transporter 1 Company Name US BULK TRANSPORT INC				U.S. EPA ID Number PAD 987 347 515			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.
	X 1.	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII		001 DT		46,000	P
	2.						
	3.						
	4.						
13. Waste Codes 008							
14. Special Handling Instructions and Additional Information 01. D10004MD1 / HAZARDOUS SOILS (D008)-SWMUS4-ERG # 171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>HR Blankenship</i>		Month Day Year 04 23 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
	Transporter signature (for exports only):						
	17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name <i>Paul Bazydo</i>				Signature <i>Paul Bazydo</i>		Month Day Year 04 23 10
	Transporter 2 Printed/Typed Name				Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H111		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <i>W. Emery</i>				Signature <i>W. Emery</i>		Month Day Year 04 23 10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 607198731JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:

(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

110

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198732 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number PAD 987 347 515				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	X	HA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PCIII	No. 661	Type DT	44,000	P
	2.					
	3.					
	4.					
13. Waste Codes D008						
14. Special Handling Instructions and Additional Information SPRINT (D008) HAZARDOUS SOILS (D008)-SWMU54-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC						
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
Signature: <i>H.R. Blankenship</i> Month Day Year 10 4 23 10						
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name Charles Keating					
TRANSPORTER	Signature: <i>Charles Keating</i> Month Day Year 10 4 23 10					
	Transporter 2 Printed/Typed Name					
	Signature					
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space Actual Weight: 49,680 P ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	OK per David Hux & Earth Smart Env. as agent for generator. 4-27-10					
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number:					
	Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)						
Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a.						
Printed/Typed Name: <i>N. Emery</i> Signature: <i>N. Emery</i> Month Day Year 10 4 26 10						

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 007198732502

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

#103

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198733 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668		U.S. EPA ID Number PAD 987 347 515			U.S. EPA ID Number	
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number			U.S. EPA ID Number	
7. Transporter 2 Company Name		U.S. EPA ID Number			U.S. EPA ID Number	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489		U.S. EPA ID Number MID 000 724 831				
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), U, PGIII	001	DT	44,000	P	D008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01. DANGER! HAZARDOUS SOILS (D008) SWMU54-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exportor, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature H.R. Blankenship			Month Day Year 04 23 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Port of entry/exit: Date leaving U.S.:				
18. International Shipments ☐ Import to U.S. ☐ Export from U.S.						
Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name GREG Raster		Signature [Signature]			Month Day Year 04 23 10	
Transporter 2 Printed/Typed Name		Signature			Month Day Year	
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
18b. Alternate Facility (or Generator)		Manifest Reference Number: U.S. EPA ID Number				
Facility's Phone:		Month Day Year				
18c. Signature of Alternate Facility (or Generator)		Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name N. Emery		Signature [Signature]			Month Day Year 04 26 10	

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198733JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Mark J. Emery

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730		2. Page 1 of 1		3. Emergency Response Phone 1-800-424-9300		4. Manifest Tracking Number 007198734 JJK			
		5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100						Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7668		6. Transporter 1 Company Name US BULK TRANSPORT INC				U.S. EPA ID Number PAD 987 347 515					
		7. Transporter 2 Company Name				U.S. EPA ID Number					
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		MICHIGAN DISPOSAL WASTE TREATMENT PI				U.S. EPA ID Number MID 000 724 831					
		Facility's Phone: (800) 592-5489									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) 1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH				10. Containers No. 001 Type OT		11. Total Quantity 44,000	12. Unit Wt./Vol. P	13. Waste Codes D008	
14. For use by transporter and additional information DISPOSAL OF HAZARDOUS SOLIDS (D008) SWMUSE-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>H.R. Blankenship</i> Month 04 Day 23 Year 10											
TRANSPORTER	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Materials										
	Transporter 1 Printed/Typed Name <i>Carrie Gervin</i> Signature <i>[Signature]</i> Month 04 Day 23 Year 10					Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection										
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____										
	Facility's Phone: _____ 18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. H111			2. _____			3. _____			4. _____		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a											
Printed/Typed Name <i>N. Enright</i> Signature <i>[Signature]</i> Month 04 Day 23 Year 10					DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)						

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198734JJJk

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198735 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 839-7668						
6. Transporter 1 Company Name US BULK TRANSPORT INC			U.S. EPA ID Number PAD 987 347 515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	X	1. HA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	DT	46,000	P
		2.				
		3.				
		4.				
14. Special Handling Instructions and Additional Information 01. DTD0004M01 / HAZARDOUS SOILS (D008)-SWML54-ERG # 171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>[Signature]</i>		Month Day Year 04 23 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name Michael Pattison			Signature <i>[Signature]</i>		Month Day Year 04 23 10
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name			Signature		Month Day Year
	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Manifest Reference Number:					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name Engro			Signature <i>[Signature]</i>		Month Day Year 04 26 10	

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198735JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Mark J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

118

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198736 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 (540) 839-7668		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number PAD 987 347 515				
7. Transporter 2 Company Name		U.S. EPA ID Number "				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489		U.S. EPA ID Number MID 000 724 831				
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH	10. Containers No. 601 Type BT		11. Total Quantity 46,000	12. Unit Wt./Vol. P	13. Waste Codes D008
1.						
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information HAZARDOUS SOILS (D008), SWMU64-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H. R. Blankenship</i>		Month Day Year 10/23/10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:				
Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name AJ GREEN		Signature <i>AJ Green</i>		Month Day Year 10/23/10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space		☐ Quantity	☐ Type	☐ Residue	☐ Partial Rejection	☐ Full Rejection
				Manifest Reference Number, U.S. EPA ID Number		
18b. Alternate Facility (or Generator)						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a.						
Printed/Typed Name <i>N. Emery</i>		Signature <i>N. Emery</i>		Month Day Year 10/26/10		

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198736JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID0048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Emery

Please print or type. (Form designed for use on ekite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198737 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name US BULK TRANSPORT INC			U.S. EPA ID Number PAD 987 347 515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. HQ3077, HAZARDOUS WASTE SOLID, R.O.S. (LEAD), 9, PGIII	001	D1	44,000	P	0008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01: DTDG02NDI / HAZARDOUS SOILS (D008)-SWMU54-ERG # 171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>[Signature]</i>		Month Day Year 04 23 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.: Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name SEAN C. MAINS Signature <i>[Signature]</i> Month Day Year 04 23 10 Transporter 2 Printed/Typed Name Signature						
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: Month Day Year 18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name N. Enright Signature <i>[Signature]</i> Month Day Year 04 26 10						

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 007198737JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID006724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Handwritten Signature

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198738 JJK			
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 (540) 839-7888			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141					
6. Transporter 1 Company Name US BULK TRANSPORT INC			U.S. EPA ID Number PAD 987 347 515					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489			U.S. EPA ID Number MID 000 724 831					
Facility's Phone:								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), C, POH	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	X		No.	Type				
			881	BT				0000
					46000			
14. Special Handling Instructions and Additional Information HAZARDOUS SOILS (D008) - SWMUS4-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is <i>yes</i> .								
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 10 23 10			
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST								
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	Transporter signature (for exports only): _____							
	17. Transporter Acknowledgment of Receipt of Materials							
TRANSPORTER	Transporter 1 Printed/Typed Name <i>Kenneth J. A...</i>			Signature <i>Kenneth J. A...</i>		Month Day Year 10 23 10		
	Transporter 2 Printed/Typed Name			Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
	Manifest Reference Number: _____ U.S. EPA ID Number _____							
	18b. Alternate Facility (or Generator)							
	Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H111		2. _____		3. _____		4. _____		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a								
Printed/Typed Name <i>W. Emigh</i>			Signature <i>W. Emigh</i>		Month Day Year 10 26 10			

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198738 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Mark J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198739 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668					
6. Transporter 1 Company Name US BULK TRANSPORT INC				U.S. EPA ID Number PAD 987 347 515	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 000 724 831	
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.
	X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD); 9, PGIII	001 DT	46,000	P
		2.			
		3.			
		4.			
14. Special Handling Instructions and Additional Information 01. D10004MD / HAZARDOUS SOILS (D008) - SWMU54-ERG # 171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>H.R. Blankenship</i> Month Day Year 04/23/10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:				
	Transporter signature (for exports only):				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name David Rupert	Signature <i>David Rupert</i>			Month Day Year 04/23/10
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name				
	18. Discrepancy				
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection				
	Manifest Reference Number: U.S. EPA ID Number				
18b. Alternate Facility (or Generator)					
Facility's Phone:					Month Day Year
18c. Signature of Alternate Facility (or Generator)					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name <i>N. Emery</i>				Signature <i>N. Emery</i> Month Day Year 10/26/10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-EI4-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198739JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Harold J. Emery

Trk# 1603

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198740 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 839-7668						
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number PAD 987 347 515				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 45350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	No. 001	Type DT	45,000 EST	P	D008
	2.					
	3.					
	4.					
14. DOT Hazardous Materials Table (D008) SYMMU64-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name HR BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>HR Blankenship</i>		Month Day Year 04 23 10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Ryan Bouser		Signature <i>Ryan Bouser</i>		Month Day Year 04 23 10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N. Engh		Signature <i>N. Engh</i>		Month Day Year 04 26 10		

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 607198 740JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID00072431)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID0048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Markand J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

#176

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198741 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 839-7688						
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number PAD 987 347 515				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes
X 1.	HAZARDOUS WASTE SOLID, N.O.S. (LEAD); U. PGIII	No. 001	Type D1	44,000	P	0008
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information 01. DANGER / HAZARDOUS SOILS (D008) - SHAW E&I CONTRACT WITH CHEMTREC. SHAW E&I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name RY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H. R. Blankenship</i>		Month Day Year 04 23 10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Scott E Green		Signature <i>Scott E Green</i>		Month Day Year 04 23 10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N. King		Signature <i>N. King</i>		Month Day Year 04 26 10		

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198741JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Mark J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

-Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198742 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7688						
6. Transporter 1 Company Name US BULK TRANSPORT INC				U.S. EPA ID Number PAD 987 347 515		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PT 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489						
9a. HM X	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGH		10. Containers No. 861 Type BT		11. Total Quantity 44,000	12. Unit Wt./Vol. P
13. Waste Codes D000						
14. Special Handling/Instructions and Additional Information 01: DT0004/01: HAZARDOUS SOILS (D008) SWMUS4-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>HR Blankenship</i>		Month Day Year 10/23/10
BY: H R BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name NOVA COOPER				Signature <i>NOVA COOPER</i>		Month Day Year 10/23/10
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name N. Emery				Signature <i>N. Emery</i>		Month Day Year 10/23/10

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198742JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)



Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Kathleen J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198743 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name US BULK TRANSPORT INC				U.S. EPA ID Number PAD 987 347 515			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 000 724 831			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	DT	45,000	P	
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 01: D108064MDI / HAZARDOUS SOILS (D008)-SWMU54-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>H.R. Blankenship</i>	Month 04	Day 23	
BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST					Year 10		
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	Transporter signature (for exports only): _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				Month 04	Day 23	
	Transporter 1 Printed/Typed Name <i>L. Amick</i>	Signature <i>L. Amick</i>			Year 10		
	Transporter 2 Printed/Typed Name	Signature			Month 04	Day 23	
					Year 10		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Actual weight: 49,860 P OK per David Hux @ Earth Smart Env. as agent for generator. 4-27-10 RW						
	18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator)				Month 04	Day 26	
					Year 10		
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H111	2.	3.	4.			
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
	Printed/Typed Name <i>N. Emery</i>	Signature <i>N. Emery</i>				Month 04	Day 26
						Year 10	

CERTIFICATE OF DISPOSAL



Form # REC-EQ-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198743JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Mark J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on all (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198744 JJK
5. Generator Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7668					
6. Transporter 1 Company Name US BULK TRANSPORT INC		U.S. EPA ID Number PAD 987 347 515			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	No. 001	Type BT	46,000	
	2.				
	3.				
	4.				
14. Special Handling Instructions and Additional Information U.S. DOT HAZARDOUS SOLIDS (D008)-SWMU54-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 04 23 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Data leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name SHAW LAZEAR		Signature <i>Shaw Lazar</i>		Month Day Year 04 23 10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Actual weight: 51,040 P OK per David Hux @ Earth Smart Env. as agent for generator. 4-27-10					
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	
				4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name A. Emig		Signature <i>A. Emig</i>		Month Day Year 04 26 10	

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198744 JJJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA ID. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA ID. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Markand J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198745 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name US BULK TRANSPORT INC			U.S. EPA ID Number PAD 987 347 515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001 D1		46000	P	0008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01. D108064MDI / HAZARDOUS SOILS (D008)-SWMU54-ERG # 171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>H.R. Blankenship</i>		Month Day Year 10 4 23 10	
16. International Shipments BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Christopher Flaminio</i> Signature <i>Christopher Flaminio</i> Month Day Year 10 4 23 10 Transporter 2 Printed/Typed Name Signature Month Day Year						
18. Discrepancy 18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 54,280 P OK per David Huix @ Earth Smart Env. 93 agent for generator. 4-27-10 18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name <i>N. Enright</i> Signature <i>N. Enright</i> Month Day Year 10 4 26 10						

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198745 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

147

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007198746 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name US BULK TRANSPORT INC				U.S. EPA ID Number PAD 987 347 515		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PT 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Vol./Vol.
	X	HAZARDOUS WASTE SOLID, N.O.C. (LEAD), 9, POH	No. 801	Type D-T	44,000	
13. Waste Codes D008						
14. Special Handling Instructions and Additional Information DOT D008 AND HAZARDOUS SOLIDS (D008)-SWMU54-ERG # 171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature H.R. Blankenship		Month Day Year 04 23 10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name JEREMY FLAMINI		Signature Jeremy Flamini		Month Day Year 04 23 10	
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
	18. Discrepancy					
	18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 55,800 P OK per David Hux & Earth Smart Env. 93 agent for generator. 4-27-10 RW					
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number					
	Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N. Emig		Signature N. Emig		Month Day Year 04 26 10		

CERTIFICATE OF DISPOSAL



Form # REC-EM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198746JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Mark J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

1/16/00

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198747 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 839-7068						
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY US BULK TRANSPORT INC.			U.S. EPA ID Number PA0987341515 00000007 014 825			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5480						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol
X	1. HA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), B, PGIII		001 01		46,000 EST.	P
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01: DTD000001 / HAZARDOUS SOLIDS (D008) - SWMU84 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 04 26 10	
BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>Chauncey Bowser</i>			Signature <i>Chauncey Bowser</i>		Month Day Year 04 26 10	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator)			U.S. EPA ID Number			
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)					Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name <i>David Tarnacki</i>			Signature <i>David Tarnacki</i>		Month Day Year 04 27 10	

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198747JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Emery



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198748 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 839-7668					
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY		U.S. EPA ID Number MD 007 811 925		7. Transporter 2 Company Name	
U.S. EPA ID Number					
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489		U.S. EPA ID Number MID 000 724 831			
Facility's Phone:					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.
		No.	Type		
X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH	001	DT	44,000 (EST.)	P
	2.				
	3.				
	4.				
13. Waste Codes					
0000					
14. Special Handling Instructions and Additional Information OF DUTY/EMERGENCY HAZARDOUS SORCS (D008) SWMUS4 ERG #171 /24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>[Signature]</i>		Month Day Year 10/28/10	
16. Informational Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Data leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name David L. Fauzet		Signature <i>[Signature]</i>		Month Day Year 10/28/10	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number:					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name David Tarnacki		Signature <i>[Signature]</i>		Month Day Year 11/27/10	



CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198748JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:

(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MDD00724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MDD048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Robert B. L. Smith

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

133

Please print or type. (Form designed for use on 12-pitch typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-8300	4. Manifest Tracking Number 007198854 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 (540) 830-7000		6. Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
7. Generator's Phone:		8. Transporter 1 Company Name DEEDMAN TRUCK COMPANY		9. U.S. EPA ID Number PA5 007 347 515	
10. Transporter 2 Company Name		11. U.S. EPA ID Number		12. U.S. EPA ID Number	
13. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PT 46350 N-64 SERVICE DRIVE BELLEVILLE, MI 48111 (300) 592-5400		14. U.S. EPA ID Number MD 000 724 831		15. Facility's Phone:	
GENERATOR	16. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE-SOLID, A.C.S. (EAD), A, PGM		17. Containers		18. Total Quantity
			19. Unit		20. Waste Codes
19. WHEN NECESSARY, PROVIDE (DASH) SWIML64 ENG 017V 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-8300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
20. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (a) (if I am a small quantity generator) is true.					
Generator's Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC		Signature <i>[Signature]</i>		Month Day Year 04/26/10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>[Signature]</i>		Month Day Year 04/26/10	
21. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
22. Transporter Acknowledgment of Receipt of Materials		Signature DAVE CONFER		Month Day Year 04/26/10	
23. Discrepancy		Signature <i>[Signature]</i>		Month Day Year 04/26/10	
24. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
25. Alternate Facility (or Generator)		Manifest Reference Number:		U.S. EPA ID Number	
Facility's Phone:		Signature <i>[Signature]</i>		Month Day Year 04/26/10	
26. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)		Signature <i>[Signature]</i>		Month Day Year 04/26/10	
27. Designated Facility Owner or Operator Certificate of receipt of hazardous materials covered by the manifest generated in Part 16a		Signature <i>[Signature]</i>		Month Day Year 04/26/10	

EPA Form 3570-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



Form EREC-FLE013-92L

This certificate is to verify the wastes specified on Manifest # 007198854JJJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA ID # MID000724831)

☐ Wayne Disposal, Inc.
(EPA ID # MID0048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: *Richard J. Smyth*

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

6/25/08

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198855 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7868			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY U.S. BULK TRANSPORT INC.			U.S. EPA ID Number PA0987347515 IL0007814825			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9 PGIII	No. 001	Type D1	46,000 (EST.)	0008
		2.				
		3.				
		4.				
14. Special Handling Instructions and Additional Information 01: D108064MD17 HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>H.R. Blankenship</i>		Month Day Year 04 26 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____			
	Transporter signature (for exports only): _____					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name JAMES JENAR	Signature <i>James Jenar</i>				Month Day Year 04 26 10
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____					
	18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name David Turner			Signature <i>David Turner</i>		Month Day Year 4 27 10	

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 0071988555JK

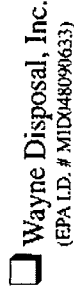
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)



Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

192-2

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198856 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 639-7668					
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY			U.S. EPA ID Number PA5987347515		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489			U.S. EPA ID Number MID 000 724 831		
Facility's Phone:					
9a. HM X	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD); 9. PGIII	10. Containers No. 001	Type DR	11. Total Quantity 46,000 (EST.)	12. Unit Wt./Vol. P
		13. Waste Codes 0000			
14. Special Handling Instructions and Additional Information HAZARDOUS WASTE SOLID, N.O.S. (LEAD); SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 04 26 10
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name William J. Schaffner			Signature <i>William J. Schaffner</i>		Month Day Year 04 26 10
Transporter 2 Printed/Typed Name			Signature		Month Day Year
18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number:					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)					Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	
				4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name N Enrygho			Signature <i>N Enrygho</i>		Month Day Year 04 27 10

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

This certificate is to verify the wastes specified on Manifest # 007198856JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198857 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 839-7888					
Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141					
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY				U.S. EPA ID Number (8) 007-815225	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 000 724 831	
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	
	X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 6, PGIII	001	01	46,000 (EST)
					12. Unit Wt./Vol.
					P
					13. Waste Codes
					0008
14. Special Handling Instructions and Additional Information 01. 0108044MID / HAZARDOUS SOILS (D008) SWMU54 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY: SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name HR BLANKENSHIP					Month Day Year 04 26 10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____				
	Transporter signature (for exports only): _____				
	17. Transporter Acknowledgment of Receipt of Materials				
TRANSPORTER	Transporter 1 Printed/Typed Name TOM SWAGERTY				Month Day Year 04 26 10
	Transporter 2 Printed/Typed Name				Month Day Year
DESIGNATED FACILITY	18. Discrepancy				
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection				
	Manifest Reference Number: _____ U.S. EPA ID Number				
	18b. Alternate Facility (or Generator)				
	Facility's Phone: _____ Month Day Year				
18c. Signature of Alternate Facility (or Generator)					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a					
Printed/Typed Name N. Emery					Month Day Year 04 27 10
Signature N. Emery					

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198857JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

120-1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198858 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY U.S. BULK TRANSPORT INC			U.S. EPA ID Number PA0481347 515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N L-04 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489			U.S. EPA ID Number MID 000 724 831			
Facility's Phone:						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGII	10. Containers		11. Total Quantity	12. Unit Wt/Vol.
	X		No.	Type	45,000 (EST)	P
			001	01		
13. Waste Codes 0000						
14. Special Handling Instructions (including DOT hazard labels, placards, and other markings) HAZARDOUS WASTE SOLID (LEAD), 9, PGII. SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>[Signature]</i>		Month Day Year 04 26 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:			
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name Charlie Kent			Signature <i>[Signature]</i>		Month Day Year 04 26 10
	Transporter 2 Printed/Typed Name			Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Manifest Reference Number:					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
	Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N. Emigh			Signature <i>[Signature]</i>		Month Day Year 04 27 10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198858

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198859 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141			
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY			U.S. EPA ID Number PAD981347515		U.S. EPA ID Number 007-014-025	
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831			
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	X	HAZ3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	No. 001	Type DT	44,000 (EST)	P
	2.					
	3.					
	4.					
13. Waste Codes						
0008						
14. Special Handling Instructions and Additional Information 01. D108042MD17 HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC						
Signature HR Blankenship						
Month Day Year 04 26 10						
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.					
	Port of entry/exit: Date leaving U.S.:					
	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name Kate Kent			Signature Kate Kent		Month Day Year 04 26 10
	Transporter 2 Printed/Typed Name			Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Manifest Reference Number:					
	U.S. EPA ID Number					
	Facility's Phone:					
18b. Alternate Facility (or Generator)						
Signature of Alternate Facility (or Generator)						
Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name W. Enright			Signature W. Enright		Month Day Year 04 27 10	

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

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8/25/08

This certificate is to verify the wastes specified on Manifest # 007198859JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198860 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD VA 24141				
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY US Bulk Transport Inc.		U.S. EPA ID Number MD 007 014 823 PAD 987 347 515				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PLANT 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5439		U.S. EPA ID Number MID 000 724 831				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD) & HIGH	No. 801	Type OT	46,000 (EST)	0000
14. Special Handling Instructions: (800) 424-9300, SWMU54 ERG #171, 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 04 26 10		
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials		Signature		Month Day Year	
	Transporter 1 Printed/Typed Name <i>Charles Wehr</i>		<i>Charles Wehr</i>		04 26 10	
DESIGNATED FACILITY	18. Discrepancy		Manifest Reference Number:			
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection		U.S. EPA ID Number			
	18b. Alternate Facility (or Generator)		Facility's Phone:			
	18c. Signature of Alternate Facility (or Generator)		Month Day Year			
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. 1111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a		Printed/Typed Name <i>David Tarnack</i>		Signature <i>David Tarnack</i>		Month Day Year 4 27 10

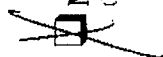
CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007198860JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MIDX00724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MIDX04809633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

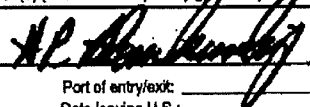
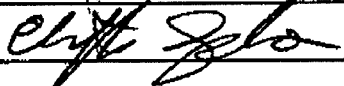
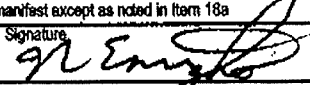


THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

1222

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198861 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7688							
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY INC US Bulk Transport Inc			U.S. EPA ID Number PAD987347515 ILB 007-014-025				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PT 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	
	X	PC3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	DT	48,000 (ES)	P	
	2.						
	3.						
	4.						
13. Waste Codes							
14. Special Handling Instructions and Additional Information 01. D10004MDI / HAZARDOUS SOILS (0000) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature 		Month Day Year 04/26/10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
INTL	16. International Shipments						
	☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name C. Ford			Signature 		Month Day Year 04/26/10	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space						
	☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator)						
	U.S. EPA ID Number						
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator)						
	Month Day Year						
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H111	2.	3.	4.			
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
	Printed/Typed Name N. Emery			Signature 		Month Day Year 04/27/10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

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8/25/08

This certificate is to verify the wastes specified on Manifest # 007198861JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

GENERATOR -

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198862JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Mark J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198863 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7888		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY		U.S. EPA ID Number TCD 007 814 625		U.S. EPA ID Number RAD 987347515		
7. Transporter 2 Company Name		U.S. EPA ID Number		U.S. EPA ID Number MID 000 724 831		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489		U.S. EPA ID Number MID 000 724 831				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes
X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001 DT		44,000 (EST)	P	0008
14. Special Handling Instructions and Additional Information DT, DTD, S, M, DI, 7 HAZARDOUS SOLIDS (0008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 04 26 10		
16. International Shipments ☐ Import to U.S.		☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:		
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name JEFF STACY		Signature <i>Jeff Stacy</i>		Month Day Year 04 26 10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name N. Emery		Signature <i>N. Emery</i>		Month Day Year 04 27 10		

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198863JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

196

Form Approved. OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198864 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 639-7888			U.S. EPA ID Number HL 007 014 835 (EX) PDS 981347515		
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY US Bulk Transport INC.			U.S. EPA ID Number		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 582-5489			U.S. EPA ID Number MID 000 724 831		
Facility's Phone:					
GENERATOR	9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
	X	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	No. 001	Type 01	46,000 (EST.)
	1.				
	2.				
	3.				
12. Unit WL/Vol. P			13. Waste Codes 0008		
14. Special Handling Instructions and Additional Information DOT: DTDG0001 HAZARDOUS SOLIDS (0008) SWMUS4 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offoror's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>H.R. Blankenship</i>		Month Day Year 10/26/10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST					
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:	
	Transporter signature (for exports only):				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name Elden H Neifert	Signature <i>Elden H Neifert</i>		Month Day Year 10/26/10	
	Transporter 2 Printed/Typed Name			Signature Month Day Year	
DESIGNATED FACILITY	18. Discrepancy				
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection				
	Manifest Reference Number: U.S. EPA ID Number				
	18b. Alternate Facility (or Generator)				
	Facility's Phone:				
	18c. Signature of Alternate Facility (or Generator) Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
	1. H111	2.	3.	4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name N. Emery			Signature <i>N. Emery</i>		Month Day Year 10/27/10

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

82508

This certificate is to verify the wastes specified on Manifest # 007198864JJJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048096633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Emery

158

Please print or type. (Form designed for use on elita (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198865 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY US Bulk Transport Inc.				U.S. EPA ID Number 110-007-011225-01		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.
	X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	DT	44,000 (EST)	P
13. Waste Codes 0008						
14. Special Handling Instructions and Additional Information 01. DTD0004MIL/HAZARDOUS SOLIDS (0008) SWMAUS4 ERG #171/24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>H.R. Blankenship</i>		Month Day Year 04/26/10
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name Nathaniel Kramer				Signature <i>Nathaniel Kramer</i>	
	Transporter 2 Printed/Typed Name				Signature	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
	Manifest Reference Number: _____					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
	Facility's Phone: _____					
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name <i>N. Engle</i>				Signature <i>N. Engle</i>		Month Day Year 04/27/10

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198865JJJ

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature:

Richard J. Emery

150

Form Approved, OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198866 JJK		
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 839-7888			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY			U.S. EPA ID Number 113 897 914 825		U.S. EPA ID Number RAD 987 347 515		
7. Transporter 2 Company Name			U.S. EPA ID Number		U.S. EPA ID Number MID 000 724 831		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489 Facility's Phone:			U.S. EPA ID Number				
GENERATOR	9a. HM X	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, POH	10. Containers No. 001 Type DT		11. Total Quantity 44,000 (EST.)	12. Unit Wt/Vol. P	13. Waste Codes 0000
14. Special Handling Instructions and Additional Information HAZARDOUS SOILS (0008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST			Signature H.R. Blankenship		Month Day Year 04 26 10		
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:			
	Transporter signature (for exports only):						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Chip Reynolds			Signature Chip Reynolds		Month Day Year 04 26 10	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number						
	18b. Alternate Facility (or Generator) Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator)						
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H111 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name N. Engho						Signature N. Engho Month Day Year 04 27 10	

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198866JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

191-7

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198867 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 839-7688			U.S. EPA ID Number PAID 987347515				
6. Transporter 1 Company Name BEELMAN TRUCK COMPANY (S) US Bulk Transport INC.			U.S. EPA ID Number ILD 007-014825				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 582-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. HAZARDOUS WASTE SOLID, H.O.S. (LEAD), 9, PGIII	001	DT	44,000 (EST)	P	0008
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 01. DYC0004MID / HAZARDOUS SOILS (0008) SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>H.R. Blankenship</i>		Month Day Year 10/26/10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
TRANSPORTER	16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:				
	Transporter signature (for exports only):						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name <i>Michael Eugene Wagner</i>		Signature <i>Michael Eugene Wagner</i>		Month Day Year 10/26/10		
	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number: U.S. EPA ID Number						
	18b. Alternate Facility (or Generator)						
	Facility's Phone: Month Day Year						
	18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
	1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name <i>N. E. King</i>			Signature <i>N. E. King</i>		Month Day Year 10/27/10		

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198867JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198584 JJK	
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100		Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7668						
6. Transporter 1 Company Name SEELMAN TRUCK COMPANY		U.S. EPA ID Number 841600781022		7. Transporter 2 Company Name US BULK TRANSPORT INC.		
		U.S. EPA ID Number PAB987347515				
8. Designated Facility Name and Site Address 49350 N I-84 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Vol.
			No.	Type		
	X 1.	HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, P001	001	01	41,000 (EST.)	P
	2.					
	3.					
14. Special Handling Instructions and Additional Information 01: DYES AND / HAZARDOUS SOILS (D008) SWMUS4 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST		Signature <i>H.R. Blankenship</i>		Month Day Year 04 27 10		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:				
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>Larry Hood</i>		Signature <i>Larry Hood</i>		Month Day Year 04 27 10		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name <i>N. Enright</i>		Signature <i>N. Enright</i>		Month Day Year 04 28 10		

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198584JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Robert J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

#103

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of -1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198585 JJK		
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 630-7668							
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY US Bulk Transport Inc			U.S. EPA ID Number PAD 981347515				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 582-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	DT	44,000 (EST.)	P	D008
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 01. D10004MID / HAZARDOUS SOILS (D008)-SWMU54 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC Signature <i>HR Blankenship</i> Month 04 Day 27 Year 10							
TRANSPORTER INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name GREG RASLER		Signature <i>[Signature]</i>		Month 04 Day 27 Year 10		
	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
DESIGNATED FACILITY	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator) Month Day Year						
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name <i>N Engho</i> Signature <i>N Engho</i> Month 04 Day 28 Year 10							

CERTIFICATE OF DISPOSAL



This certificate is to verify the wastes specified on Manifest # 007198585 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone 800 424-9300	4. Manifest Tracking Number 007198586 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD VA 24141			
Generator's Phone: (540) 639-7992						
6. Transporter 1 Company Name DELMAN TRUCK COMPANY US Bulk Transport Inc			U.S. EPA ID Number MD 007 244 025 PA0981347515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PLANT 49550 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MI0 000 024 001			
Facility's Phone: (313) 697-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
1.	HAZARDOUS WASTE SOLID, NO. 3, LEACH, 3, 2, 3	001	Dr	44,000 (EST)		0008
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information ON 11/08/04 MD 007 HAZARDOUS SOLID ID008-SWMUS4 EPC #111024 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW & S CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>HR Blankenship</i>		Month Day Year 04 27 10	
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name JEREMY FLAMM			Signature <i>Jeremy Flamm</i>		Month Day Year 04 27 10	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space ☒ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Actual weight: 52,780 P OK per David Hux @ Earth Smart Env. as agent for generator. 4-29-10						
18b. Alternate Facility (or Generator)			U.S. EPA ID Number			
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)			Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name N. Enright			Signature <i>N. Enright</i>		Month Day Year 04 28 10	

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest # 007198586JJk

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID0048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

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8/25/08

This certificate is to verify the wastes specified on Manifest # 007198587JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID0048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198588 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 639-7668					
6. Transporter 1 Company Name 2. STEELMAN TRUCK COMPANY			U.S. EPA ID Number PAD987347515		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PT 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	
	X	1. HA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	D1	46,000 (EST.)
		2.			
		3.			
		4.			
14. Special Handling Instructions and Additional Information HAZARDOUS WASTE SOLIDS (D008) SWMU54 ERG #17, 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHIPPER. CONTACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC. Signature <i>H.R. Blankenship</i> Month Day Year 10/27/10					
BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST					
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:				
	Transporter signature (for exports only):				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name CARL GEINER	Signature <i>[Signature]</i>			Month Day Year 10/27/10
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name				
	Signature				
	Month Day Year				
	18. Discrepancy				
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection				
Manifest Reference Number:					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name A. Enright Signature <i>[Signature]</i> Month Day Year 10/28/10					

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

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8/25/08

This certificate is to verify the wastes specified on Manifest # 007198588JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198589 JJK	
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100				Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 630-7688				U.S. EPA ID Number PAD98734753		
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY US BULK TRANSPORT INC				U.S. EPA ID Number 8-ILD-937-844-825		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 000-724 831		
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	DOT OT		48,000 (EST)	P	D008
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 01. D100064MID / HAZARDOUS SOILS (D008)-SWMU54 ERG #171 / 24 HOUR EMERGENCY RESPONSE NUMBER 1-800-424-9300 PROVIDED BY SHAW E & I CONTRACT WITH CHEMTREC.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name ALLIANT TECHSYSTEMS INC				Signature <i>H.R. Blankenship</i>		Month Day Year 10/27/10
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.				Port of entry/exit: Date leaving U.S.:		
Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Paul F. Bazzell				Signature <i>Paul F. Bazzell</i>		Month Day Year 10/27/10
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
				Manifest Reference Number: U.S. EPA ID Number		
18b. Alternate Facility (or Generator)						
Facility's Phone:						Month Day Year
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H111		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name N. Enrygho				Signature <i>N. Enrygho</i>		Month Day Year 10/29/10
DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)						

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

This certificate is to verify the wastes specified on Manifest # 007198589JJk
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Marked J. Smyth

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Form Approved. OMB No. 2050-0039

169

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198868 JJK
5. Generator's Name and Mailing Address PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
6. Generator's Phone: (540) 838-7868			U.S. EPA ID Number PA5987347515		
7. Transporter 1 Company Name PEELMAN TRUCK COMPANY			U.S. EPA ID Number PA5987347515		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PT 49350 N 1-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489			U.S. EPA ID Number MID 000 724 831		
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII			10. Containers No. 001 Type DR		11. Total Quantity 48,000 (EST)
9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII			12. Unit P		13. Waste Codes 0000
14. Special Handling Instructions (if any): HAZARDOUS WASTE SOLID (0000) SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>H.R. Blankenship</i>		Month Day Year 04 27 10
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:		
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Chad C. Cooper</i>			Signature <i>Chad C. Cooper</i>		Month Day Year 04 27 10
Transporter 2 Printed/Typed Name			Signature		Month Day Year
18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number:					
18b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H111		2.		3.	
4.		5.		6.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name <i>N. Enright</i>			Signature <i>N. Enright</i>		Month Day Year 04 28 10

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

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8/25/08

This certificate is to verify the wastes specified on Manifest # 007198868JJJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Richard J. Emery

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198869 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
Generator's Phone: (540) 639-7868			U.S. EPA ID Number SHL 007 014 825 PAD 987347515				
6. Transporter 1 Company Name HEELMAN TRUCK COMPANY US BULK TRANSPORT INC.			U.S. EPA ID Number				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831				
Facility's Phone: (800) 592-5480							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGII	001	DT	46 000 (EST)	P	0008
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 01. D10004MDI / HAZARDOUS SOILS (0008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name ALLIANT TECHSYSTEMS INC			Signature <i>[Signature]</i>		Month Day Year 04 27 10		
BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST							
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
	Transporter signature (for exports only):						
	17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name Dave Rupert			Signature <i>[Signature]</i>		Month Day Year 04 27 10	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number: U.S. EPA ID Number						
	18b. Alternate Facility (or Generator)						
	Facility's Phone: Month Day Year						
18c. Signature of Alternate Facility (or Generator)							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H111		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name [Signature]			Signature <i>[Signature]</i>		Month Day Year 04 28 10		
DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)							

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

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8/25/08

This certificate is to verify the wastes specified on Manifest # 007198869JJK
have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Handwritten Signature

TRK 160

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198870 JJK		
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100 Generator's Phone: (540) 639-7668			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141				
6. Transporter 1 Company Name US Bulk Transport Inc.			U.S. EPA ID Number PA0987347515				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 000 724 831				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HAZARDOUS WASTE SOLID, N.O.S. (LEAD)- 9, PGIII	10. Containers No. 001	Type DT	11. Total Quantity 46,000	12. Unit Wt./Vol. P	13. Waste Codes D000
14. Special Handling Instructions (e.g., SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-9300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name BY: H.R. BLANKENSHIP, TRANSPORTATION ANALYST						Signature <i>H.R. Blankenship</i>	
						Month Day Year 05 10 10	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Chauncey Bowser Signature <i>Chauncey Bowser</i> Month Day Year 05 10 10 Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____							
18. Discrepancy							
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number _____							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H111		2. _____		3. _____		4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Larry Letis						Signature <i>Larry Letis</i> Month Day Year 05 11 10	

CERTIFICATE OF DISPOSAL



THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

This certificate is to verify the wastes specified on Manifest #

007198870JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME:
(Please check one)

☒ Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Please print or type. (Form designed for use on allie (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number VA1 210 020 730	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 007198871 JJK
5. Generator's Name and Mailing Address ALLIANT TECH SYSTEMS PO BOX 1 ATTN: HR BLANKENSHIP RADFORD, VA 24143-0100			Generator's Site Address (if different than mailing address) ROUTE 114 RADFORD, VA 24141		
Generator's Phone: (540) 639-7668					
6. Transporter 1 Company Name DEELMAN TRUCK COMPANY UPS Bulk Transport Inc			U.S. EPA ID Number PAID 987347575 PAID 007-814-825		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 000 724 831		
Facility's Phone: (800) 592-5489					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	12. Unit WL/Vol.
	X	1. NA3077, HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, PGIII	001	DT	45000
		2.			
		3.			
		4.			
13. Waste Codes					
14. Special Handling Instructions and Additional Information 01. D108064MDI / HAZARDOUS SOILS (D008)-SWMU54 ERG #171/ 24 HOUR EMERGENCY RESPONSE NUMBER: 1-800-424-8300 PROVIDED BY SHAW E & I VIA CONTRACT WITH CHEMTREC.					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name XXXX ALLIANT TECHSYSTEMS INC					Month Day Year 05 10 10
BY: H. R. BLANKENSHIP, TRANSPORTATION ANALYST					<i>AR Blankenship</i>
INTL	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____				
	Transporter signature (for exports only): _____				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name Jay L. Fauzet		Signature <i>[Signature]</i>		Month Day Year 05 10 10
	Transporter 2 Printed/Typed Name		Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy				
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection				
	Manifest Reference Number: _____				
	18b. Alternate Facility (or Generator) U.S. EPA ID Number				
	Facility's Phone: _____				
	18c. Signature of Alternate Facility (or Generator) Month Day Year				
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)				
	1. H111	2.	3.	4.	
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a				
	Printed/Typed Name David Tarnacki		Signature <i>[Signature]</i>		Month Day Year 05 11 10

CERTIFICATE OF DISPOSAL



Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

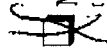
8/25/08

This certificate is to verify the wastes specified on Manifest # 007198871JJJK

have been properly disposed of in accordance with all local, state and federal regulations.

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FACILITY NAME:
(Please check one)



Michigan Disposal Waste Treatment Plant
(EPA I.D. # MHD00072-4831)

☐ Wayne Disposal, Inc.
(EPA I.D. # MHD048090633)

ADDRESS:

49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Appendix C-5

Waste Profiles



WASTE CHARACTERIZATION REPORT

Tracking #

☐ I authorize EQ – The Environmental Quality Company to choose the appropriate facility and method of waste management from the technologies offered at the EQ facilities identified below.

☒ Michigan Disposal Waste Treatment Plant (Stabilization and Treatment)	49350 N. I-94 Service Drive, Belleville, MI 48111 Phone: 800-592-5489 Fax: 800-592-5329	EPA ID # MID 000 724 831
☐ Wayne Disposal, Inc. Site #2 Landfill (Hazardous & PCB Waste Landfill)	49350 N. I-94 Service Drive, Belleville, MI 48111 Phone: 800-592-5489 Fax: 800-592-5329	EPA ID # MID 048 090 633
☐ EQ Detroit, Inc. (Stabilization, Wastewater Treatment)	1923 Frederick Street, Detroit, MI 48211 Phone: (313) 923-0080 Fax: 313-923-3375	EPA ID # MID 980 991 566
☐ EQ Resource Recovery, Inc. (Solvent Recycling, Fuel Blending, WW Treatment)	36345 Van Born Road, Romulus, MI 48174 Phone: 866-373-8357 Fax: 734-326-4033	EPA ID # MID 060 975 844
☐ EQ North Carolina (Stabilization, Treatment, Labpack Decommissioning)	1005 Investment Blvd, Apex, NC 27502 Phone: 919-363-4700 Fax: 919-363-4714	EPA ID # NCD 982 170 292
☐ EQ Florida, Inc. (Drum Consolidation, Labpack Decommissioning)	7202 East 8 th Ave, Tampa, FL 33619 Phone: 813-623-5463 Fax: 813-628-0842	EPA ID # FLD 981 932 494
☐ EQ Transfer & Processing (Drum Transfer/Universal Waste Handling)	2000 Ferry Street, Detroit, MI 48211 Phone: 313-923-0080 Fax: 313-922-8419	EPA ID # MIK 939 928 313
☐ EQ Indianapolis (Drum Transfer/Non-Hazardous Waste Processing)	4000 West 10 th Street, Indianapolis, IN 46222 Phone: 317-247-7160 Fax: 317-247-7170	EPA ID # IND 161 049 309
☐ EQ Atlanta (Drum Transfer/Non-Hazardous Waste Processing)	5600 Fulton Industrial Blvd SW, Atlanta, GA 30336 Phone: 404-494-3520 Fax: 404-494-3560	EPA ID # GAR 000 039 776
☐ EQ Augusta, Inc. (Wastewater Treatment)	3920 Goshen Industrial Blvd, Augusta, GA 30906 Phone: 706-771-9100 Fax: 706-771-9124	EPA ID # GAR 000 011 817

Waste Common Name: SWMU 54 – Hazardous Soils (D030) meeting Soil LDRs

Section 1 – Generator & Customer Information

SIC/NAICS* 325920

Generator EPA ID # VA1210020730

Generator ALLIANT TECHSYSTEMS INC

Facility Address STATE ROUTE 114

City RADFORD State VA Zip 24141

County MONTGOMERY

Mailing Address PO BOX 1

City RADFORD State VA Zip 24143

Generator Contact JEREMY FLINT

Title LEAD COMPLIANCE ENGINEER

Phone 540-639-7668 Fax 540-639-8109

*For a list of NAICS codes, please refer to Section 9 of the EQ Resource Guide.

Internal Use Only: EQ Division

EQ Customer No.

Invoicing Company Earth Smart Environmental Service

Address 525 E. Michigan Ave. #124

City Saline State MI Zip 48176

Country USA

Invoicing Contact David Hux

Phone 734-260-8624 Fax _____

Technical Contact Beth Crawford

Phone 419-425-6071 Fax _____

Mobile _____ **Pager** _____

E-mail _____

Section 2 – Shipping & Packaging Information

2.1) Shipping Volume & Frequency 100-150 Tons
☒ One Time Only ☐ Year ☐ Quarter ☐ Month

2.2) DOT Shipping Name HAZARDOUS WASTE SOLID, N.O.S., (2,4DNT), 9, NA3077 PG III

2.3) Is this waste surcharge exempt? ☒ Yes ☐ No
 If yes, please attach a surcharge exemption form, found in Section 2 of the EQ Resource Guide.

2.4) Packaging (check all that apply)

- ☐ Bulk Solid (Yd³ < 2000 lbs/yd³)
- ☒ Bulk Solid (Ton > 2000 lbs/yd³)
- ☐ Bulk Liquids (Gallon)
- ☐ Totes, Size _____
- ☐ Cubic Yard Boxes/Bags
- ☐ Drums, Size _____
- ☐ Other (palletized, 5 gal. Pail, etc.)

Quoted bulk disposal charges for solid materials will be billed by the cubic yard, if the waste density is less than 2,000lbs./cubic yard. If waste density is greater than 2,000 lbs./cubic yard, then bulk disposal charges will be billed by the ton, regardless of the approved container.

Section 3 – Physical Characteristics

3.1) Color BROWN 3.2) Odor NA

3.3) Does this waste contain any "Potentially Odorous Constituents" as defined in the EQ Resource Guide? (Section 3) ☐ Yes ☒ No

3.4) Physical State at 70°F:

☒ Solid ☐ Dust/Powder

☐ Liquid

☐ Sludge

3.5) What is the pH of this waste?

☐ <2

☐ 2.1-4.9

☒ 5-10

☐ 10.1-12.4

☐ ≥12.5

3.6) What is the flash point of this waste?

☐ <90°F

☐ 90-140°F

☐ 140-199°F

☒ >200°F

3.7) Does this waste contain? (check all that apply)

☒ None

☐ Free Liquids

☐ Oily Residue

☐ Metal Fines

☐ Biodegradable Sorbants

☐ Amines

☐ Ammonia

☐ Water Reactive

☐ Biohazard

☐ Aluminum

☐ Shock Sensitive Waste

☐ Reactive Waste

☐ Radioactive Waste

☐ Explosives

☐ Pyrophoric Waste

☐ Isocyanates

☐ Asbestos – non-friable

☐ Asbestos – friable

☐ Dioxins

☐ Furans

Section 4 – Waste Composition and Generating Process

4.1) Describe the physical composition of the waste (i.e., soil, water, PPE, debris, key chemical compounds, etc.)

Soil 90 to 100 % PPE, expendables 0 to 10 %

to % to %

Total: 100%

4.2) Provide a detailed description of the process generating this waste (attach flow diagram if available).

Clean-up of SWMU 54 formerly used as an area for propellantash disposal

Section 5 – Is This Hazardous Waste?

Please refer to Section 5 of the EQ Resource Guide for a list of waste codes

As determined by 40 CFR, Part 261 and State Rules:

Please list applicable waste code(s):

5.1) Is this an EPA RCRA listed hazardous waste (F, K, P or U)?

☐ Yes

☒ No

5.2) Is this an EPA RCRA characteristic hazardous waste (D001-D043)?

☒ Yes

☐ No

D030

5.3) Do any State Hazardous Waste Codes apply?

☐ Yes

☒ No

5.4) Is this waste intended for wastewater treatment?

☐ Yes*

☒ No

If you answered 'no' to 5.1, 5.2, and 5.3, please skip to Section 7. *If you answered 'yes' to 5.4, please attach the Waste Characterization Report Addendum found in Section 7 of the EQ Resource Guide.

Section 6 – Hazardous Wastes

6.1) Does this waste exceed Land Disposal Restriction levels?

☒ Yes

☐ No

6.1a) If this waste stream is greater than 50% soil, does it meet the alternative soil treatment standards of 40 CFR 268.49?

☒ Yes

☐ No

6.1b) Does this waste contain greater than 50% debris, by volume? (Debris is greater than 2.5 inches in size.)

☐ Yes

☒ No

6.2) Is the waste an oxidizer (D001)?

☐ Yes

☒ No

6.3) Does this waste contain reactive cyanide ≥ 250 ppm (D003)?

☐ Yes

☒ No

6.4) Does this waste contain reactive sulfide ≥ 500 ppm (D003)?

☐ Yes

☒ No

6.5) Please indicate which constituent concentrations are below or above the regulatory level. Please indicate the basis used in the determination. Either "Below" or "Above" MUST be checked for each constituent.

Based On:

☒ Generator Knowledge

☒ Analysis*

☐ MSDS*

*Please attach a copy. Analysis or MSDS are required for EQFL Non-hazardous wastes.

Code	Regulatory Level TCLP (mg/l)	Concentration (if above)
D004	Arsenic 5	☒ Below ☐ Above
D005	Barium 100	☒ Below ☐ Above
D006	Cadmium 1	☒ Below ☐ Above
D007	Chromium 5	☒ Below ☐ Above
D008	Lead 5	☒ Below ☐ Above
D009	Mercury 0.2	☒ Below ☐ Above
D010	Selenium 1	☒ Below ☐ Above
D011	Silver 5	☒ Below ☐ Above
D012	Endrin 0.02	☒ Below ☐ Above
D013	Lindane 0.4	☒ Below ☐ Above
D014	Methoxychlor 10	☒ Below ☐ Above
D015	Toxaphene 0.5	☒ Below ☐ Above
D016	2,4-D 10	☒ Below ☐ Above
D017	2,4,5-TP (Silvex) 1	☒ Below ☐ Above
D018	Benzene 0.5	☒ Below ☐ Above
D019	Carbon Tetrachloride 0.5	☒ Below ☐ Above
D020	Chlordane 0.03	☒ Below ☐ Above
D021	Chlorobenzene 100	☒ Below ☐ Above
D022	Chloroform 6.0	☒ Below ☐ Above
D023	o-Cresol 200	☒ Below ☐ Above

Code	Regulatory Level TCLP (mg/l)	Concentration (if above)
D024	m-Cresol 200	☒ Below ☐ Above
D025	p-Cresol 200	☒ Below ☐ Above
D026	Cresols 200	☒ Below ☐ Above
D027	1,4-Dichlorobenzene 7.5	☒ Below ☐ Above
D028	1,2-Dichloroethane 0.5	☒ Below ☐ Above
D029	1,1-Dichloroethylene 0.7	☒ Below ☐ Above
D030	2,4-Dinitrotoluene 0.13	☐ Below ☒ Above 184 mg/kg total
D031	Heptachlor 0.008	☒ Below ☐ Above
D032	Hexachlorobenzene 0.13	☒ Below ☐ Above
D033	Hexachlorobutadiene 0.5	☒ Below ☐ Above
D034	Hexachloroethane 3.0	☒ Below ☐ Above
D035	Methyl Ethyl Ketone 200	☒ Below ☐ Above
D036	Nitrobenzene 2	☒ Below ☐ Above
D037	Pentachlorophenol 100	☒ Below ☐ Above
D038	Pyridine 5	☒ Below ☐ Above
D039	Tetrachloroethylene 0.7	☒ Below ☐ Above
D040	Trichloroethylene 0.5	☒ Below ☐ Above
D041	2,4,5-Trichlorophenol 400	☒ Below ☐ Above
D042	2,4,6-Trichlorophenol 2	☒ Below ☐ Above
D043	Vinyl Chloride 0.2	☒ Below ☐ Above

6.6) If this is a characteristic hazardous waste, does it contain underlying hazardous constituents?

☒ Yes

☐ No

If yes, please list the constituents in Section 11.

Section 7 – Non-Hazardous Wastes

For a complete list of non-hazardous waste codes, please refer to Section 7 of the EQ Resource Guide

Please list applicable waste code:

- 7.1) Is this a Michigan non-hazardous liquid industrial waste? ☐ Yes ☒ No
7.2) Is this a Universal waste? ☐ Yes ☒ No
7.3) Is this a Recyclable Commodity? (e.g.: computer monitors, free mercury, etc.) ☐ Yes ☒ No
7.4) Is this waste a recoverable petroleum product? ☐ Yes* ☒ No
7.5) Is this waste used oil as defined by 40 CFR Part 279? ☐ Yes* ☒ No

If you answered 'yes' to questions 7.4 or 7.5 please attach the Waste Characterization Report Addendum found in Section 7 of the EQ Resource Guide.

Section 8 – TSCA Information

- 8.1) What is the concentration of PCBs in the waste? ☒ None ☐ 0-5 ppm ☐ 6-49 ppm ☐ 50-499 ppm ☐ 500+ ppm
8.2) Does the waste contain PCB contamination from a source with a concentration ≥ 50 ppm? ☐ Yes ☒ No
If you answered "no" to 8.1 and 8.2, please skip to Section 9.
8.3) Has this waste been processed into a non-liquid form? ☐ Yes ☐ No
If yes, what was the concentration of PCBs prior to processing? ☐ N/A ☐ 0-499 ppm ☐ 500+ ppm
8.4) Is the non-liquid PCB waste in the form of soil, rags, debris, or other contaminated media? ☐ Yes ☐ No
8.5) Are you a PCB capacitor manufacturer or a PCB equipment manufacturer? ☐ Yes ☐ No
8.6) Has the PCB Article (e.g., transformer, hydraulic machine, PCB-contaminated electrical equipment) been drained/flushed of all PCBs and decontaminated in accordance with 40 CFR 761.60(b)? ☐ N/A ☐ Yes ☐ No

Section 9 – Clean Air Act Information

- 9.1) Is this waste subject to regulation under 40 CFR, Part 63, Subpart DD or 40 CFR, Part 264, Subpart CC (RCRA)? ☐ Yes ☒ No
(Does the waste contain >500 ppm Volatile Organic Hazardous Air Pollutants – VOHAP's or Volatile Organic Compounds – VOC's?)

For a complete list of VOHAP's, please see Section 11 of the EQ Resource Guide

- 9.2) Is the site, or waste, subject to any other MACT or NESHAP? ☒ Yes, please specify: Site many Waste None ☐ No
9.3) Does this waste stream contain Benzene? ☐ Yes ☒ No

If you answered "no" to 9.3, please skip to Section 10.

- 9.4) Does the waste stream come from a facility with one of the SIC/NAICS codes listed under the Benzene NESHAP identified in 40 CFR 61, Subpart FF? ☐ Yes ☐ No

- 9.5) Is the generating source of this waste stream a facility with Total Annual Benzene (TAB) ≥ 10 Mg/year? ☐ Yes ☐ No

For assistance in calculating the TAB, please see the TAB Worksheet in Section 9 of the EQ Resource Guide.

If you answered "no" to question 9.4 and 9.5, please skip to Section 10.

- 9.6) Does the waste contain $>10\%$ water? ☐ Yes ☐ No

- 9.7) What is the TAB quantity for your facility? ZERO Mg/Year ☐ Yes ☐ No

- 9.8) Does the waste contain >1.0 mg/kg total Benzene? ☐ Yes ☐ No

- 9.9) What is the total Benzene concentration in your waste? _____ Percent or _____ ppmw.

(Supporting analysis must be attached. Do not use TCLP analytical results. Acceptable laboratory methods include 8020, 8240, 8260, 602 and 624.)

*For a list of NAICS codes, please refer to Section 9 of the EQ Resource Guide.

Section 10 – Fuel Blending Information

- 10.1) Is this waste intended for fuel blending? ☐ Yes* ☒ No

*If yes, Heat value (BTU/lb.) Chlorine (%) Water (%) Solids (%)

- 10.2) Is this waste intended for reclamation? ☐ Yes ☒ No (5-Gallon Sample required for all reclaim waste streams)

Section 11 – Constituent Information

Please identify your waste constituents from these four categories: Underlying Hazardous Constituents (UHC's), Volatile Organic Hazardous Air Pollutants (VOHAP's), Volatile Organic Compounds (VOC's) and Toxic Release Inventory Constituents (TRI)

Constituent Concentration UHC?

LEAD <246 mg/kg ☒ Yes ☐ No

2,4-DNT <184 mg/kg ☒ Yes ☐ No

2,6 DNT <248 mg/kg ☒ Yes ☐ No

Dieldrin <0.0191 μ g/kg ☐ Yes ☒ No

Heptachlor epoxide <0.0096 μ g/kg ☐ Yes ☒ No

Constituent Concentration UHC?

LEAD <3.12 mg/L TCLP ☒ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

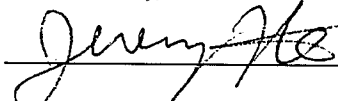
*ABOVE UHC for UTS. MEETS LDR for Alternative Soil Treatment Standards

Please see Section 11 of the EQ Resource Guide for a list of UHC's, VOHAP's and VOC's. For a complete list of TRI constituents, please refer to 40 CFR 372.65.

Section 12 – Certification

I certify that all information (including attachments) is complete and factual and is an accurate representation of the known and suspected hazards, pertaining to the waste described herein. I authorize EQ's Resource Team to add supplemental information to the waste approval file, provided I am contacted and give verbal permission. I authorize EQ's Resource Team to obtain a sample from any waste shipment for purposes of verification and confirmation. I agree that, if EQ approves the waste described herein, all such wastes that are transported, delivered, or tendered to EQ by Generator or on Generator's behalf shall be subject to, and Generator shall be bound by, the attached Standard Terms and Conditions.

Generator Signature



Printed Name Jeremy Flint

Company Aliant Techsystems Inc (RFAAP) Title Env Eng

Date 6/28/2010

The generator's signature MUST appear on the EQ Waste Characterization Report. If the generator has authorized a third party to certify this document, a written notice (on generator letterhead) must accompany this submittal. Although the EQ Resource Team is authorized to make certain modifications to the information provided on this form, the addition or removal of waste codes and waste constituents must be documented by the generator.

STANDARD TERMS AND CONDITIONS

The Agreement between the Customer and EQ – The Environmental Quality Company and/or its member companies (hereinafter "EQ") related to or associated with Delivered Waste, as herein defined, shall be governed by the following Standard Terms and Conditions in addition to the terms and conditions contained in any Waste Characterization Report, Customer Approval Quote Confirmation, Generator Approval Notification, Notice of Waste Approval Expiration, and/or Credit Agreement associated with such Delivered Waste.

The Customer may use its standard forms (such as purchase orders, acknowledgments of orders, and invoices) to administer its dealings under this Agreement for convenience purposes, but all provisions thereof in conflict with these terms and conditions shall be deemed stricken.

Definitions

The following definitions shall apply for purposes of this Agreement:

"Acceptable Waste" shall mean any hazardous waste, as defined under applicable State or federal law, determined by EQ as acceptable for treatment and/or disposal in accordance with this Agreement.

"Delivered Wastes" shall mean all wastes (i) which are transported, delivered, or tendered to EQ by the Customer; (ii) which the Customer has arranged for the transport, delivery or tender to EQ; or (iii) which are transported, delivered, or tendered to EQ under a Credit Agreement between the Customer and EQ.

"Non-Conforming Wastes" shall mean wastes that (a) are not in accordance in all material respects with the warranties, descriptions, specifications or limitations stated in the Waste Characterization Report and this Agreement; (b) have constituents or components of a type or concentration not specifically identified in the Waste Characterization Report (i) which increase the nature or extent of the hazard and risk undertaken by EQ in treating and/or disposing of the waste, or (ii) for whose treatment and/or disposal a Waste Management Facility is not designed or permitted, or (iii) which increase the cost of treatment and/or disposal of waste beyond that specified in EQ's price quote; or (c) are not properly packaged, labeled, described, or placarded, or otherwise not in compliance with United States Department of Transportation and United States Environmental Protection Agency regulations.

Control of Operations

EQ shall have sole control over all aspects of the operation of any treatment and/or disposal facility of EQ receiving Delivered Wastes under this Agreement (hereinafter, "Waste Management Facility"), including, without limitation, maintaining EQ's desired volume of Acceptable Wastes being delivered to any Waste Management Facility by the Customer or any other person or entity.

Identification of Waste

For each waste material to be transported, delivered, or tendered to EQ under this Agreement, the Customer shall provide, or cause to be provided, to EQ a representative sample of the waste material and a completed Waste Characterization Report containing a physical and chemical description or analysis of such waste material, which description shall conform with any and all guidelines for waste acceptance provided by EQ. On the basis of EQ's analysis of such representative sample of the waste material and such Waste Characterization Report, EQ will determine whether such wastes are Acceptable Wastes. EQ does not make any guarantee that it will handle any waste material or any particular quantity or type of waste material, and EQ reserves the right to the decline to transport, treat and/or dispose of waste material. The Customer shall promptly furnish to EQ any information regarding known, suspected or planned changes in the composition of the waste material. Further, the Customer shall promptly inform EQ of any change in the characteristic or condition of the waste material which becomes known to the Customer subsequent to the date of the Waste Characterization Report.

Non-Conforming Wastes

In the event that EQ at any time discovers that any Delivered Waste is Non-Conforming Waste, EQ may reject or revoke its acceptance of the Non-Conforming Waste. The Customer shall have seven (7) days to direct an alternative lawful manner of disposition of the waste, unless it is necessary by reason of law or otherwise to move the Non-Conforming Waste prior to expiration of the seven (7) day period. If the Customer does not direct an alternative disposal, at its option, EQ may return any such Non-Conforming Wastes to the Customer, and the Customer shall pay or reimburse EQ for all costs and expenses incurred by EQ in connection with the receipt, handling, sampling, analyses, transportation and return to the Customer of such Non-Conforming Wastes. If it is impossible or impractical for EQ to return the Non-Conforming Waste to the Customer, the Customer shall reimburse EQ for all costs, of any type or nature whatsoever, incurred by EQ, solely because such Delivered Waste was Non-Conforming Waste (including, but not limited to, all costs associated with any remedial steps necessary, due to the nature of the Non-Conforming Waste, in connection with material with which the Non-Conforming Waste may have been commingled and all expenses and charges for analyzing, handling, locating, preparing for transporting, storing and disposing of any Non-Conforming Waste).

Customer Warranty - Acceptable Wastes

All Delivered Wastes shall be Acceptable Wastes and shall conform in all material respects to the description and specifications contained in the Waste Characterization Report. The information set forth in the Waste Characterization Report or any manifest, placard or label associated with any Delivered Wastes, or otherwise represented by the Customer or the generator (if other than the Customer) to EQ, is and shall be true, accurate and complete as of the date of receipt of the involved waste by EQ.

Customer Warranty - Title to Wastes

Either the Customer or the generator (if other than the Customer) shall hold clear title, free of any all liens, claims, encumbrances, and charges to Delivered Waste until such waste is accepted by EQ.

Customer Warranty - Compliance with Laws

The Customer shall comply with all applicable federal, state and local environmental statutes, regulations, and other governmental requirements, as well as directives issued by EQ from time to time, governing the transportation, treatment and/or disposal of Acceptable Wastes, including, but not limited to, all packaging, manifesting, containerization, placarding and labeling requirements.

Customer Warranty - Updating Information

If the Customer receives information that Delivered Waste or other hazardous waste described in the Waste Characterization Report, or some component of such waste, presents or may present a hazard or risk to persons, property or the environment which was not disclosed to EQ, or if the Customer or generator (if other than the Customer) has changed the process by which such waste results, the Customer shall promptly report such information to EQ in writing.

Customer Indemnity

The Customer shall indemnify, defend and hold harmless EQ, and its affiliated or related companies, and all of their respective present or future officers, directors, shareholders, employees and agents from and against any and all losses, damages, liabilities, penalties, fines, forfeitures, demands, claims, causes of action, suits, costs and expenses (including, but not limited to, reasonable costs of defense, settlement, and reasonable attorneys' fees), which may be asserted against any or all of them by any person or any governmental agency, or which any or all of them may hereafter suffer, incur, be responsible for or pay out, as a result of or in connection with bodily injuries (including, but not limited to, death, sickness, disease and emotional or mental distress) to any person (including EQ's employees), damage (including, but not limited to, loss of use) to any property (public or private), or any requirements to conduct or incur expense for investigative, removal or remedial expenses in connection with contamination of or adverse effect on the environment, or any violation or alleged violation of any statutes, ordinances, orders, rules or regulations of any governmental entity or agency, caused or arising out of (i) a breach of this Agreement by the Customer, (ii) the failure of any warranty of the Customer to be true, accurate and complete, or (iii) any willful or negligent act or omission of the Customer, or its employees or agents in connection with the performance of this Agreement.

Force Majeure

EQ shall not be liable for any failure to accept, receive, handle, treat, and/or dispose of Delivered Waste due to an act of God, fire, casualty, flood, war, strike, lockout, labor trouble, failure of public utilities, equipment failure, facility shutdown, injunction, accident, epidemic, riot, insurrection, destruction of operation or transportation facilities, the inability to procure materials, equipment, or sufficient personnel or energy in order to meet operational needs without the necessity of allocation, the failure or inability to obtain any governmental approvals or to meet Environmental Requirements (including, but not limited to voluntary or involuntary compliance with any act, exercise, assertion, or requirement of any governmental authority) which may temporarily or permanently prohibit operations of EQ, the Customer, or the Generator, or any other circumstances beyond the control of EQ which prevents or delays performance of any of its obligations under this Agreement.

Governing Laws

This Agreement shall in all respects be governed by and shall be construed in accordance with the laws of the State of Michigan applied to contracts executed and performed wholly within such state.

Generator's Non-hazardous Waste Profile Sheet

National Account Customer



Requested Disposal Facility Amelia Landfill

Profile Number 101751VA

☐ Renewal for Profile Number _____

Waste Approval Expiration Date _____

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

- Generator Name: Allant Techsystems, Inc.
- Site Address: Route 114
- City/ZIP: Radford, 24141
- State: VA
- County: Pulaski
- Contact Name/Title: Jeremy Flint/Lead Compliance Engineer
- Email Address: Jeremy.flint@atk.com
- Phone: 540-639-7668
- FAX: _____
- NAICS Code: _____
- Generator USEPA ID #: _____
- State ID# (if applicable): _____

B. Customer Information ☐ same as above

P. O. Number: _____

- Customer Name: Shaw E&I
- Billing Address: PO Box 98519
- City, State and ZIP: Baton Rouge, LA, 70884
- Contact Name: Beth Crawford
- Contact Email: beth.crawford@shawgrp.com
- Phone: 419-425-6071
- FAX: 419-425-6085
- Transporter Name: Thompson Trucking, Inc.
- Transporter ID # (if appl.): _____
- Transporter Address: po Box 969
- City, State and ZIP: Concord, VA, 24538

C. Waste Stream Information

- DESCRIPTION
 - Common Waste Name: Non-Hazardous Soils from Area A (SWMU-54)
State Waste Code(s): N/A
 - Describe Process Generating Waste or Source of Contamination:
Clean-up of the former SWMU-54 site which was historically used for propellant ash disposal. The COC's for this area are Lead, 2,4-Dinitrotoluene, and Heptachlor. Estimates for Area A range from 5,525 tons to 6,175 tons. Samples will be pulled every 250 cubic yards and run for the appropriate data package based on site history and Waste Management permit requirements.
 - Typical Color(s): Brown
 - Strong Odor? ☐ Yes ☒ No Describe: _____
 - Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Powder ☐ Semi-Solid or Sludge ☐ Other: _____
 - Layers? ☐ Single layer ☐ Multi-layer ☒ NA
 - Water Reactive? ☐ Yes ☒ No If Yes, Describe: _____
 - Free Liquid Range (%): _____ to _____ ☒ NA(solid)
 - pH Range: ☐ ≤2 ☐ 2.1-12.4 ☐ ≥12.5 ☒ NA(solid) ☐ Actual: _____
 - Liquid Flash Point: ☐ < 140°F ☐ ≥ 140°F ☒ NA(solid) ☐ Actual: _____
 - Flammable Solid: ☐ Yes ☒ No
 - Physical Constituents: List all constituents of waste stream - (e.g. Soil 0-80%, Wood 0-20%): ☐ (See Attached)

Constituents (Total Composition Must be > 100%)				
	Lower Range	Unit of Measure	Upper Range	Unit of Measure
1. Soil	90	%	100	%
2. PPE and Expendables	0	%	10	%
3. Barium (TCLP)	0.68	mg/L	1.41	mg/L
4. Lead (TCLP)	0.269	mg/L	3.12	mg/L
5. 2,4-Dinitrotoluene	< .25	mg/kg	0.843	mg/kg
6. Heptachlor	ND			

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION

- ☒ One Time Event ☐ Base ☐ Repeat Event (1,750 CUBIC YARDS)
- Estimated Annual Quantity: 2,275 ☒ Tons ☐ Cubic Yards ☐ Drums ☐ Gallons ☐ Other (specify): _____
- Shipping Frequency: _____ Units per ☐ Month ☐ Quarter ☐ Year ☒ One Time ☐ Other
- Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) ☐ Yes ☒ No
- USDOT Shipping Description (if applicable): _____

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



Generator's Non-hazardous Waste Profile Sheet

101751VA

D. Regulatory Status (Please check appropriate responses)

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

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

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

1. Information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material;
2. Relevant information within the possession of the Generator regarding known or suspected hazards pertaining to this waste has been disclosed to WM/the Contractor;
3. Analytical data attached pertaining to the profiled waste was derived from testing a representative sample in accordance with 40 CFR 261.20(c) or equivalent rules; and
4. Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator and disclosed to WM (and the Contractor if applicable) prior to providing the waste to WM (and the Contractor if applicable).
5. Check all that apply:
 - ☒ Attached analytical pertains to the waste. Identify laboratory & sample ID #'s and parameters tested:
Microbac Laboratories 54ADW01-54ADW07 # Pages: _____
 - ☐ Only the analyses identified on the attachment pertain to the waste (identify by laboratory & sample ID #'s and parameters tested).
Attachment #: _____
 - ☐ Additional information necessary to characterize the profiled waste has been attached (other than analytical).
Indicate the number of attached pages: _____
 - ☐ I am an agent signing on behalf of the Generator, and the delegation of authority to me from the Generator for this signature is available upon request.
 - ☐ By Generator process knowledge, the following waste is not a listed waste and is below all TCLP regulatory limits.

Certification Signature: Jeremy FlintTitle: Environmental EngineerCompany Name: Alliant Techsystems Inc.Name (Print): Jeremy FlintDate: 2/2/2010

FOR WM USE ONLY

Management Method: ☐ Landfill ☐ BioremediationApproval Decision: ☐ Approved ☐ Not Approved☐ Non-hazardous solidification ☐ Other: _____

Waste Approval Expiration Date: _____

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

☐ Shall not contain free liquid☐ Shipment must be scheduled into disposal facility☐ Approval Number must accompany each shipment☐ Waste Manifest must accompany load

WM Authorization Name / Title: _____

Date: _____

State Authorization (if Required): _____

Date: _____

Generator's Non-hazardous Waste Profile Sheet

National Account Customer



Requested Disposal Facility Amelia Landfill

Profile Number 101770VA

☐ Renewal for Profile Number _____

Waste Approval Expiration Date _____

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

1. Generator Name: Alliant Techsystems, Inc.
2. Site Address: Route 114
3. City/ZIP: Radford, 24141
4. State: VA
5. County: Pulaski
6. Contact Name/Title: Jeremy Flint/Lead Compliance Engineer
7. Email Address: Jeremy.Flint@atk.com
8. Phone: 540-639-7668
9. FAX: _____
10. NAICS Code: _____
11. Generator USEPA ID #: _____
12. State ID# (if applicable): _____

B. Customer Information ☐ same as above

P. O. Number: _____

1. Customer Name: Shaw E&I
2. Billing Address: PO Box 98519
3. City, State and ZIP: Baton Rouge, LA, 70884
4. Contact Name: Beth Crawford
5. Contact Email: beth.crawford@shawgrp.com
6. Phone: 419-425-6071
7. Transporter Name: _____
8. Transporter ID # (if appl.): _____
9. Transporter Address: _____
10. City, State and ZIP: _____

C. Waste Stream Information

1. DESCRIPTION

a. Common Waste Name: Non-Hazardous Soils from Area B (SWMU-54)

State Waste Code(s): NA

b. Describe Process Generating Waste or Source of Contamination:

Clean-up of the former SWMU-54 site which was historically used for propellant ash disposal. The COC's for this area are Lead, 2,4-Dinitrotoluene, Heptachlor and Chlordane. Estimates for Area B range from 4625 to 7550 tons. Samples will be pulled every 250 cubic yards and run for the appropriate data package based on site history and Waste Management permit requirements.

c. Typical Color(s): Brown

d. Strong Odor? ☐ Yes ☒ No Describe: _____

e. Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Powder ☐ Semi-Solid or Sludge ☐ Other: _____

f. Layers? ☐ Single layer ☐ Multi-layer ☒ NA

g. Water Reactive? ☐ Yes ☒ No If Yes, Describe: _____

h. Free Liquid Range (%): _____ to _____ ☒ NA(solid)

i. pH Range: ☐ ≤2 ☐ 2.1-12.4 ☐ ≥12.5 ☒ NA(solid) ☐ Actual: _____

j. Liquid Flash Point: ☐ < 140°F ☐ ≥ 140°F ☒ NA(solid) ☐ Actual: _____

k. Flammable Solid: ☐ Yes ☒ No

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

Constituents (Total Composition Must be > 100%)	Lower Range	Unit of Measure	Upper Range	Unit of Measure
1. <u>Soil</u>	<u>90</u>	<u>%</u>	<u>100</u>	<u>%</u>
2. <u>PPE and Expendables</u>	<u>0</u>	<u>%</u>	<u>10</u>	<u>%</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION

a. ☒ One Time Event ☐ Base ☐ Repeat Event

b. Estimated Annual Quantity: 4625-7750 ☒ Tons ☐ Cubic Yards ☐ Drums ☐ Gallons ☐ Other (specify): _____

c. Shipping Frequency: _____ Units per ☐ Month ☐ Quarter ☐ Year ☒ One Time ☐ Other

d. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) ☐ Yes ☒ No

e. USDOT Shipping Description (if applicable): _____

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



Generator's Non-hazardous Waste Profile Sheet

101770VA

D. Regulatory Status (Please check appropriate responses)

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

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

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

1. Information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material;
2. Relevant information within the possession of the Generator regarding known or suspected hazards pertaining to this waste has been disclosed to WM/the Contractor;
3. Analytical data attached pertaining to the profiled waste was derived from testing a representative sample in accordance with 40 CFR 261.20(c) or equivalent rules; and
4. Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator and disclosed to WM (and the Contractor if applicable) prior to providing the waste to WM (and the Contractor if applicable).
5. Check all that apply:
- ☒ Attached analytical pertains to the waste. Identify laboratory & sample ID #'s and parameters tested:
54BDW09, 54BDW11-54BDW16, 54BDW19, 54BDW20, 54BH211 # Pages: 50
- ☐ Only the analyses identified on the attachment pertain to the waste (identify by laboratory & sample ID #'s and parameters tested).
Attachment #: _____
- ☐ Additional information necessary to characterize the profiled waste has been attached (other than analytical).
Indicate the number of attached pages: _____
- ☐ I am an agent signing on behalf of the Generator, and the delegation of authority to me from the Generator for this signature is available upon request.
- ☐ By Generator process knowledge, the following waste is not a listed waste and is below all TCLP regulatory limits.

Certification Signature: Jeremy FlintTitle: ENV ENGCompany Name: Alliant Technology IncName (Print): Jeremy FlintDate: 3-19-2000

FOR WM USE ONLY

Management Method: ☐ Landfill ☐ Bioremediation

Approval Decision:

☐ Approved☐ Not Approved☐ Non-hazardous solidification ☐ Other: _____

Waste Approval Expiration Date: _____

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

☐ Shall not contain free liquid☐ Shipment must be scheduled into disposal facility☐ Approval Number must accompany each shipment☐ Waste Manifest must accompany load

WM Authorization Name / Title: _____

Date: _____

State Authorization (if Required): _____

Date: _____



WASTE CHARACTERIZATION REPORT

54BDW08, 54BDW10
54BDW17, 54BDW18, 54BHZ10
Tracking #

(Comp of)
BDW 10 & 17

☐ I authorize EQ - The Environmental Quality Company to choose the appropriate facility and method of waste management from the technologies offered at the EQ facilities identified below.

☒ Michigan Disposal Waste Treatment Plant (Stabilization and Treatment)	49350 N. I-94 Service Drive, Belleville, MI 48111 Phone: 800-592-5489 Fax: 800-592-5329	EPA ID # MID 000 724 831
☐ Wayne Disposal, Inc. Site #2 Landfill (Hazardous & PCB Waste Landfill)	49350 N. I-94 Service Drive, Belleville, MI 48111 Phone: 800-592-5489 Fax: 800-592-5329	EPA ID # MID 048 090 633
☐ EQ Detroit, Inc. (Stabilization, Wastewater Treatment)	1923 Frederick Street, Detroit, MI 48211 Phone: 313-923-0080 Fax: 313-923-3375	EPA ID # MID 980 991 566
☐ EQ Resource Recovery, Inc. (Solvent Recycling, Fuel Blending, WW Treatment)	36345 Van Born Road, Romulus, MI 48174 Phone: 866-373-8357 Fax: 734-326-4033	EPA ID # MID 060 975 844
☐ EQ North Carolina (Stabilization, Treatment, Labpack Decommissioning)	1005 Investment Blvd, Apex, NC 27502 Phone: 919-363-4700 Fax: 919-363-4714	EPA ID # NCD 982 170 292
☐ EQ Florida, Inc. (Drum Consolidation, Labpack Decommissioning)	7202 East 8 th Ave, Tampa, FL 33619 Phone: 813-623-5463 Fax: 813-628-0842	EPA ID # FLD 981 932 494
☐ EQ Transfer & Processing (Drum Transfer/Universal Waste Handling)	2000 Ferry Street, Detroit, MI 48211 Phone: 313-923-0080 Fax: 313-922-8419	EPA ID # MIK 939 928 313
☐ EQ Indianapolis (Drum Transfer/Non-Hazardous Waste Processing)	4000 West 10 th Street, Indianapolis, IN 46222 Phone: 317-247-7160 Fax: 317-247-7170	EPA ID # IND 161 049 309
☐ EQ Atlanta (Drum Transfer/Non-Hazardous Waste Processing)	5600 Fulton Industrial Blvd SW, Atlanta, GA 30336 Phone: 404-494-3520 Fax: 404-494-3560	EPA ID # GAR 000 039 776
☐ EQ Augusta, Inc. (Wastewater Treatment)	3920 Goshen Industrial Blvd, Augusta, GA 30906 Phone: 706-771-9100 Fax: 706-771-9124	EPA ID # GAR 000 011 817

Waste Common Name:

Hazardous Soils (D008) - SWM454

Section 1 - Generator & Customer Information

SIC/NAICS* _____
Generator EPA ID # VA1210020730
Generator Alliant Tech Systems Inc
Facility Address Route 114
City Bedford State VA Zip 24141
County _____
Mailing Address PO Box 1
City Bedford State VA Zip 24143
Generator Contact Jeremy Flint
Title Lead Compliance Engineer
Phone 540-637-7668 Fax _____

*For a list of NAICS codes, please refer to Section 9 of the EQ Resource Guide.

Internal Use Only: EQ Division _____
EQ Customer No. _____
Invoicing Company Shaw
Address PO Box 98519
City Boston State MA Zip 02114
Country USA
Invoicing Contact Beth Crawford
Phone 419-425-6071 Fax _____
Technical Contact Same
Phone _____ Fax _____
Mobile _____ Pager _____
E-mail _____

Section 2 - Shipping & Packaging Information

2.1) Shipping Volume & Frequency 600-1500 Tons
☒ One Time Only ☐ Year ☐ Quarter ☐ Month
2.2) DOT Shipping Name Hazardous
Waste Solid n.o.s.
(Lead) 9, NA3077, PGIII
2.3) Is this waste surcharge exempt? ☒ Yes ☐ No
If yes, please attach a surcharge exemption form found in Section 2 of the EQ Resource Guide.

2.4) Packaging (check all that apply)
☒ Bulk Solid (Yd³ < 2000 lbs/yd³)
☐ Bulk Solid (Ton > 2000 lbs/yd³)
☐ Bulk Liquids (Gallon)
☐ Totes, Size _____
☐ Cubic Yard Boxes/Bags
☐ Drums, Size _____
☐ Other (palletized, 5 gal. Pail, etc.) _____
Quoted bulk disposal charges for solid materials will be billed by the cubic yard, if the waste density is less than 2,000lbs./cubic yard. If waste density is greater than 2,000 lbs./cubic yard, then bulk disposal charges will be billed by the ton, regardless of the approved container.

Section 3 - Physical Characteristics

- 3.1) Color Brown
- 3.2) Odor None to Slight
- 3.3) Does this waste contain any "Potentially Odorous Constituents" as defined in the EQ Resource Guide? (Section 3) ☐ Yes ☒ No
- 3.4) Physical State at 70°F: ☒ Solid ☐ Dust/Powder ☐ Liquid ☐ Sludge
- 3.5) What is the pH of this waste? ☒ 2 ☐ 2.1-4.9 ☐ 5-10 ☐ 10.1-12.4 ☐ ≥12.5
- 3.6) What is the flash point of this waste? ☐ <90°F ☐ 90-140°F ☒ 140-199°F ☐ >200°F
- 3.7) Does this waste contain? (check all that apply)
- | | | | | | |
|---|---|--|---|---|--------------------------------------|
| ☐ Biodegradable Sorbants | ☐ Amines | ☒ None | ☐ Free Liquids | ☐ Oily Residue | ☐ Metal Fines |
| ☐ Shock Sensitive Waste | ☐ Reactive Waste | ☐ Ammonia | ☐ Water Reactive | ☐ Biohazard | ☐ Aluminum |
| ☐ Asbestos - non-friable | ☐ Asbestos - friable | ☐ Radioactive Waste | ☐ Explosives | ☐ Pyrophoric Waste | ☐ Isocyanates |
| | | ☐ Dioxins | ☐ Furans | | |

Section 4 - Waste Composition and Generating Process

- 4.1) Describe the physical composition of the waste (i.e., soil, water, PPE, debris, key chemical compounds, etc.)
- Soil 90 to 100% Lead 6.55 to 154 mg/L
- PPE & Expendables 0 to 10% _____ to _____%
- Total: 100%
- 4.2) Provide a detailed description of the process generating this waste (attach flow diagram if available).

Clean-up of SWMU 54 formerly used as an area for propellant ash disposal. The COC's at the site are Lead, 2,4,6-TNT, 2,4-DNT, Chlordane and Heptachlor

Section 5 - Is This Hazardous Waste?

Please refer to Section 5 of the EQ Resource Guide for a list of waste codes

As determined by 40 CFR, Part 261 and State Rules:

Please list applicable waste code(s):

- 5.1) Is this an EPA RCRA listed hazardous waste (F, K, P or U)? ☐ Yes ☒ No
- 5.2) Is this an EPA RCRA characteristic hazardous waste (D001-D043)? ☒ Yes ☐ No D008
- 5.3) Do any State Hazardous Waste Codes apply? ☐ Yes ☒ No
- 5.4) Is this waste intended for wastewater treatment? ☐ Yes* ☒ No

If you answered 'no' to 5.1, 5.2, and 5.3, please skip to Section 7. *If you answered 'yes' to 5.4, please attach the Waste Characterization Report Addendum found in Section 7 of the EQ Resource Guide.

Section 6 - Hazardous Wastes

- 6.1) Does this waste exceed Land Disposal Restriction levels?
- 6.1a) If this waste stream is greater than 50% soil, does it meet the alternative soil treatment standards of 40 CFR 268.49? ☐ Yes ☒ No
- 6.1b) Does this waste contain greater than 50% debris, by volume? (Debris is greater than 2.5 inches in size.) ☐ Yes ☒ No
- 6.2) Is the waste an oxidizer (D001)? ☐ Yes ☒ No
- 6.3) Does this waste contain reactive cyanide ≥ 250 ppm (D003)? ☐ Yes ☒ No
- 6.4) Does this waste contain reactive sulfide ≥ 500 ppm (D003)? ☐ Yes ☒ No
- 6.5) Please indicate which constituent concentrations are below or above the regulatory level. Please indicate the basis used in the determination. Either "Below" or "Above" MUST be checked for each constituent.

Based On: ☐ Generator Knowledge ☒ Analysis* ☐ MSDS*

*Please attach a copy. Analysis or MSDS are required for EQFL Non-hazardous wastes.

Code	Regulatory Level TCLP (mg/l)	Concentration (if above)	Code	Regulatory Level TCLP (mg/l)	Concentration (if above)
D004	Arsenic	5 ☐ Below ☐ Above	D024	m-Cresol	200 ☐ Below ☐ Above
D005	Barium	100 ☐ Below ☐ Above	D025	p-Cresol	200 ☐ Below ☐ Above
D006	Cadmium	1 ☐ Below ☐ Above	D026	Cresols	200 ☐ Below ☐ Above
D007	Chromium	5 ☐ Below ☐ Above	D027	1,4-Dichlorobenzene	7.5 ☐ Below ☐ Above
D008	Lead	5 ☐ Below ☒ Above <u>6.55-154</u>	D028	1,2-Dichloroethane	0.5 ☐ Below ☐ Above
D009	Mercury	0.2 ☐ Below ☐ Above	D029	1,1-Dichloroethylene	0.7 ☐ Below ☐ Above
D010	Selenium	1 ☐ Below ☐ Above	D030	2,4-Dinitrotoluene	0.13 ☐ Below ☐ Above
D011	Silver	5 ☐ Below ☐ Above	D031	Heptachlor	0.008 ☐ Below ☐ Above
D012	Endrin	0.02 ☐ Below ☐ Above	D032	Hexachlorobenzene	0.13 ☐ Below ☐ Above
D013	Lindane	0.4 ☐ Below ☐ Above	D033	Hexachlorobutadiene	0.5 ☐ Below ☐ Above
D014	Methoxychlor	10 ☐ Below ☐ Above	D034	Hexachloroethane	3.0 ☐ Below ☐ Above
D015	Toxaphene	0.5 ☐ Below ☐ Above	D035	Methyl Ethyl Ketone	200 ☐ Below ☐ Above
D016	2,4-D	10 ☐ Below ☐ Above	D036	Nitrobenzene	2 ☐ Below ☐ Above
D017	2,4,5-TP (Silvex)	1 ☐ Below ☐ Above	D037	Pentachlorophenol	100 ☐ Below ☐ Above
D018	Benzene	0.5 ☐ Below ☐ Above	D038	Pyridine	5 ☐ Below ☐ Above
D019	Carbon Tetrachloride	0.5 ☐ Below ☐ Above	D039	Tetrachloroethylene	0.7 ☐ Below ☐ Above
D020	Chlordane	0.03 ☐ Below ☐ Above	D040	Trichloroethylene	0.5 ☐ Below ☐ Above
D021	Chlorobenzene	100 ☐ Below ☐ Above	D041	2,4,5-Trichlorophenol	400 ☐ Below ☐ Above
D022	Chloroform	6.0 ☐ Below ☐ Above	D042	2,4,6-Trichlorophenol	2 ☐ Below ☐ Above
D023	o-Cresol	200 ☐ Below ☐ Above	D043	Vinyl Chloride	0.2 ☐ Below ☐ Above

- 6.6) If this is a characteristic hazardous waste, does it contain underlying hazardous constituents? ☐ Yes ☒ No
- If yes, please list the constituents in Section 11.

Section 7 - Non-Hazardous Wastes

For a complete list of non-hazardous waste codes, please refer to Section 7 of the EQ Resource Guide

- 7.1) Is this a Michigan non-hazardous liquid industrial waste? ☐ Yes ☒ No
 7.2) Is this a Universal waste? ☐ Yes ☒ No
 7.3) Is this a Recyclable Commodity? (e.g.: computer monitors, free mercury, etc.) ☐ Yes ☒ No
 7.4) Is this waste a recoverable petroleum product? ☐ Yes* ☒ No
 7.5) Is this waste used oil as defined by 40 CFR Part 279? ☐ Yes* ☒ No

Please list applicable waste code: _____

If you answered 'yes' to questions 7.4 or 7.5 please attach the Waste Characterization Report Addendum found in Section 7 of the EQ Resource Guide.

Section 8 - TSCA Information

- 8.1) What is the concentration of PCBs in the waste? ☒ None ☐ 0-5 ppm ☐ 6-49 ppm ☐ 50-499 ppm ☐ 500+ ppm
 8.2) Does the waste contain PCB contamination from a source with a concentration ≥ 50 ppm? ☐ Yes ☒ No
 If you answered "no" to 8.1 and 8.2, please skip to Section 9.
 8.3) Has this waste been processed into a non-liquid form? ☐ Yes ☒ No
 If yes, what was the concentration of PCBs prior to processing? ☐ N/A ☐ 0-499 ppm ☐ 500+ ppm
 8.4) Is the non-liquid PCB waste in the form of soil, rags, debris, or other contaminated media? ☐ Yes ☒ No
 8.5) Are you a PCB capacitor manufacturer or a PCB equipment manufacturer? ☐ Yes ☒ No
 8.6) Has the PCB Article (e.g., transformer, hydraulic machine, PCB-contaminated electrical equipment) been drained/flushed of all PCBs and decontaminated in accordance with 40 CFR 761.60(b)? ☐ N/A ☐ Yes ☒ No

Section 9 - Clean Air Act Information

- 9.1) Is this waste subject to regulation under 40 CFR, Part 63, Subpart DD or 40 CFR, Part 264, Subpart CC (RCRA)? ☐ Yes ☒ No
 (Does the waste contain >500 ppm Volatile Organic Hazardous Air Pollutants - VOHAP's or Volatile Organic Compounds - VOC's?)

For a complete list of VOHAP's, please see Section 11 of the EQ Resource Guide

- 9.2) Is the site, or waste, subject to any other MACT or NESHAP? ☒ Yes, please specify: Site Yes ☒ No ☒ No
 9.3) Does this waste stream contain Benzene? ☐ Yes ☒ No

If you answered "no" to 9.3, please skip to Section 10.

- 9.4) Does the waste stream come from a facility with one of the SIC/NAICS codes listed under the NESHAP? ☐ Yes ☒ No
 9.5) Is the generating source of this waste stream a facility with Total Annual Benzene (TAB) ≥ 10 Mg/year? ☐ Yes ☒ No

For assistance in calculating the TAB, please see the TAB Worksheet in Section 9 of the EQ Resource Guide.

If you answered "no" to question 9.4 and 9.5, please skip to Section 10.

- 9.6) Does the waste contain >10% water? ☐ Yes ☒ No
 9.7) What is the TAB quantity for your facility? _____ Mg/Year
 9.8) Does the waste contain >1.0 mg/kg total Benzene? ☐ Yes ☒ No
 9.9) What is the total Benzene concentration in your waste? _____ Percent or _____ ppmw.

(Do not use TCLP analytical results. Acceptable laboratory methods include 8020, 8240, 8260, 602 and 624.)

*For a list of NAICS codes, please refer to Section 9 of the EQ Resource Guide.

Section 10 - Fuel Blending Information

- 10.1) Is this waste intended for fuel blending? ☐ Yes* ☒ No
 *If yes, Heat value (BTU/lb.) _____ Chlorine (%) _____ Water (%) _____ Solids (%) _____
 10.2) Is this waste intended for reclamation? ☐ Yes ☒ No (5-Gallon Sample required for all reclaim waste streams)

Section 11 - Constituent Information

Please identify your waste constituents from these four categories: Underlying Hazardous Constituents (UHC's), Volatile Organic Hazardous Air Pollutants (VOHAP's), Volatile Organic Compounds (VOC's) and Toxic Release Inventory Constituents (TRI)

Constituent	Concentration	UHC?	Constituent	Concentration	UHC?
_____	_____	☐ Yes ☒ No	_____	_____	☐ Yes ☒ No
_____	_____	☐ Yes ☒ No	_____	_____	☐ Yes ☒ No
_____	_____	☐ Yes ☒ No	_____	_____	☐ Yes ☒ No
_____	_____	☐ Yes ☒ No	_____	_____	☐ Yes ☒ No
_____	_____	☐ Yes ☒ No	_____	_____	☐ Yes ☒ No

Please see Section 11 of the EQ Resource Guide for a list of UHC's, VOHAP's and VOC's. For a complete list of TRI constituents, please refer to 40 CFR 372.65.

Section 12 - Certification

I certify that all information (including attachments) is complete and factual and is an accurate representation of the known and suspected hazards, pertaining to the waste described herein. I authorize EQ's Resource Team to add supplemental information to the waste approval file, provided I am contacted and give verbal permission. I authorize EQ's Resource Team to obtain a sample from any waste shipment for purposes of verification and confirmation. I agree that, if EQ approves the waste described herein, all such wastes that are transported, delivered, or tendered to EQ by Generator or on Generator's behalf shall be subject to, and Generator shall be bound by, the attached Standard Terms and Conditions.

Generator Signature Jeremy Flint Printed Name Jeremy Flint
 Company Alliant Techsystems Inc. Title Env Eng Date 3/25/2010
Radford Army Ammunition Plant

The generator's signature MUST appear on the EQ Waste Characterization Report. If the generator has authorized a third party to certify this document, a written notice (on generator letterhead) must accompany this submittal. Although the EQ Resource Team is authorized to make certain modifications to the information provided on this form, the addition or removal of waste codes and waste constituents must be documented by the generator.



THE ENVIRONMENTAL QUALITY COMPANY®

Generator Waste Amendment

Michigan Disposal Waste Treatment Plant (MID000724831)

49350 North I-94 Service Drive

Belleville, Michigan 48111

June 15, 2010

Approval: D108064MDI

Generator: ALLIANT TECH SYSTEMS (VA1210020730)

PO BOX 1

ATTN: HR BLANKENSHIP

RADFORD, VA 24143-0100

Customer: EARTH SMART ENVIRONMENTAL SOLUTIONS (012719)

Common Name: HAZARDOUS SOILS (D008)-SWMU54 & SWMU-48

Waste Codes: D008

In the event that a waste stream composition changes before the annual update is required, the generator may use this form to amend the waste profile. (A new sample may be required.) Please note, if the process generating the waste has changed, a new Waste Characterization Report, sample and analytical must be submitted for a new waste stream approval.

Please provide a detailed description below of the change(s) to the waste stream.

Amendment: Please amend D108064MDI to include the new analysis(L10050290) for additional drums. There is still no concern for chlordane and heptachlor in the waste stream. SWMU-48 is an old disposal trench containing propellant ash and conductive flooring grout. This amendment is for four each 55-gallon drums.

I, Jeremy Flint, Jeremy Flint
Authorized Generator Signature *Printed Generator Name*

hereby certify that all information for the Approval listed above is accurate and complete.

Company Name: Alliant Techsystems Inc Date: 6/15/2010
(RPAAP)

YOUR BUSINESS. OUR SOLUTIONS. A PRODUCTIVE PARTNERSHIP®

Mail or fax to: Michigan Disposal Waste Treatment Plant, 49350 North I-94 Service Drive, Belleville, Michigan 48111, Phone: 1-800-592-5489 Fax: 1-800-592-5329

Appendix D

Shipping Logs

RADFORD ARSENAL

Truck Log - Non Hazardous (Thompson Trucking)

Shaw Project No. 136880

SWMU 54 - Area A

							Actual
Ship Date	Truck/Trailer No.	Plate No.	State	Time In	Time Out	Manifest No.	Tons Ship.
03/31/10	3087/13	64-954 PY	VA.	0800	0900	2101	24.01
	3432/86	55-744 PY	VA.	0800	0900	2102	24.46
	3455/44	55-755 PY	VA.	1000	1050	2103	30.34
	3422/45	14-860 XA	VA.	1050	1150	2104	29.52
04/01/10	3087/13	64-954 PY	VA.	0755	0850	2105	30.79
	3432/86	55-744 PY	VA.	0755	0850	2106	38.51
	3135/74	13-193 PY	VA.	1000	1105	2107	23.02
	3247/46	11-671 XA	VA.	1000	1105	2108	28.01
04/05/10	3197/86	65-395 PY	VA.	0715	0805	2109	21.41
	3087/13	64-954 PY	VA.	0715	0805	2110	27.60
	3135/74	13-193 PY	VA.	0815	0930	2111	29.65
	3422/45	14-860 XA	VA.	0900	0930	2112	29.76
	3161	19-232 P	VA.	1458	1535	2113	28.28
	3195	16-129 P	VA.	1458	1535	2114	20.89
	3199	16-188 P	VA.	1458	1535	2115	21.70
	3129	10-269 HA	VA.	1555	1630	2116	20.99
	3187	16-239 P	VA.	1555	1630	2117	20.99
	3427/20	65-638 PY	VA.	1630	1715	2118	29.22
	3455/44	55-755 PY	VA.	1630	1715	2119	29.37
04/06/10	3247/46	11-671 XA	VA.	0712	0805	2120	23.54
	3432/86	55-744 PY	VA.	0712	0805	2121	27.25
	3422/45	14-860 XA	VA.	0905	0955	2122	21.73
	3135/74	13-193 PY	VA.	0905	0955	2123	21.07
	3116/42	65-443 PY	VA.	1000	1035	2124	23.16
	3192/54	11-597 XA	VA.	1400	1430	2125	22.60
	3187	16-239 P	VA.	1500	1540	2126	16.64
	3129	10-269 HA	VA.	1500	1540	2127	20.16
	3199	16-188 P	VA.	1500	1540	2128	20.20
	3192/40	11-597 XA	VA.	1550	1620	2129	24.45
	3161	16-232 P	VA.	1620	1700	2130	17.52
	3195	16-129 P	VA.	1620	1700	2131	22.12
04/07/10	3432/86	55-744 PY	VA.	0715	0755	2132	24.47
	3247/46	11-671 XA	VA.	0715	0755	2133	22.16
	3135/74	13-193 PY	VA.	0920	1000	2134	23.99
	3422/45	14-860 XA	VA.	0920	1000	2135	21.97
	3126/58	72-184 PY	VA.	1300	1355	2136	23.21
	3087/13	64-954 PY	VA.	1445	1530	2137	25.49
	3199	16-188 P	VA.	1445	1530	2138	18.63
	3129	10-269 HA	VA.	1445	1530	2139	18.44
	3187	16-239 P	VA.	1530	1600	2140	22.11
	3165	16-242 P	VA.	1530	1600	2141	17.99
04/08/10	3247/46	11-671 XA	VA.	0710	0800	2142	20.99
	3432/86	55-744 PY	VA.	0710	0800	2143	27.64
	3422/45	14-860 XA	VA.	0900	0950	2144	23.64
	3135/74	13-193 PY	VA.	0920	0950	2145	23.25
	3165	16-242 P	VA.	1420	1505	2146	21.47
	3187	16-239 P	VA.	1420	1505	2147	20.23
	3199	16-188 P	VA.	1420	1505	2148	21.69
	3129	10-269 HA	VA.	1420	1505	2149	21.99

	3195	16-129 P	VA.	1505	1530	2150	21.19
	3425/42	72-182 PY	VA.	1530	1650	2151	26.00
04/09/10	3247/46	11-671 XA	VA.	0705	0800	2152	20.62
	3135/74	13-193 PY	VA.	0705	0800	2153	24.62
	3422/45	14-860 XA	VA.	0915	1000	2154	20.87
	3192	16-222 P	VA.	1030	1120	2155	17.36
	3187	16-239 P	VA.	1450	1530	2156	23.00
	3199	16-188 P	VA.	1450	1530	2157	20.39
	3129	10-269 HA	VA.	1450	1530	2158	17.45
04/12/10	3247/46	11-671 XA	VA.	0710	0755	2159	24.48
	3432/86	55-744 PY	VA.	0710	0755	2160	24.12
	3422/45	14-860 XA	VA.	0810	0900	2161	24.43
	3135/74	13-193 PY	VA.	0810	0900	2162	25.19
	3192	16-222 P	VA.	1010	1045	2163	21.13
	3187	16-239 P	VA.	1445	1525	2164	23.00
	3199	16-188 P	VA.	1445	1525	2165	20.13
	3129	10-269 HA	VA.	1445	1525	2166	20.54
	3166	16-234 P	VA.	1525	1610	2167	21.45
	3089	16-221 P	VA.	1525	1610	2168	22.24
04/13/10	3161	16-232 P	VA.	0710	0755	2169	21.53
	3195	16-129 P	VA.	0710	0755	2170	18.92
	3135/74	13-193 PY	VA.	1015	1100	2171	27.52
	3422/45	14-860 XA	VA.	1015	1100	2172	23.53
	3192	16-222 P	VA.	1100	1140	2173	24.89
	3160	16-236 P	VA.	1100	1140	2174	24.89
	3166	16-234 P	VA.	1410	1455	2175	21.02
	3089	16-221 P	VA.	1410	1455	2176	22.24
	3187	16-239 P	VA.	1500	1550	2177	23.20
	3129	10-269 HA	VA.	1500	1550	2178	24.43
	3199	16-188 P	VA.	1500	1550	2179	25.09
04/14/10	3161	16-232 P	VA.	0830	0930	2180	25.97
	3195	16-129 P	VA.	0830	0930	2181	26.41
	3135/74	13-193 PY	VA.	0945	1020	2182	22.93
	3422/45	14-860 XA	VA.	0945	1020	2183	20.99
	3187	16-239 P	VA.	1510	1600	2184	25.36
	3192	16-222 P	VA.	1510	1600	2185	19.69
	3160	16-236 P	VA.	1510	1600	2186	23.54
	3199	16-188 P	VA.	1600	1700	2187	22.97
	3129	10-269 HA	VA.	1600	1700	2188	24.19
	3089	16-221 P	VA.	1600	1700	2189	20.52
04/15/10	3161	16-232 P	VA.	0750	0840	2190	23.33
	3195	16-129 P	VA.	0750	0840	2191	19.56
	3135/74	13-193 PY	VA.	0845	0930	2192	23.76
	3422/45	14-860 XA	VA.	0845	0930	2193	24.63
	3126/26	72-184 PY	VA.	1500	1545	2194	25.52
	3427/20	65-638 PY	VA.	1550	1630	2195	23.29
	3160	16-236 P	VA.	1550	1630	2196	21.05
	3199	16-188 P	VA.	1550	1630	2197	20.82
	3192	16-222 P	VA.	1635	1715	2198	21.39
	3129	10-269 HA	VA.	1635	1715	2199	21.65
	3223	16-219 P	VA.	1635	1715	2200	22.59
05/13/10	3153	16-241 P	VA.	1040	1130	2201	24.42
	3192	16-222 P	VA.	1040	1130	2202	23.75
	3195	16-129 P	VA.	1435	1515	2203	25.06
	3124	41-630 P	VA.	1435	1515	2204	26.43
	3160	16-236 P	VA.	1435	1515	2205	24.55
	3460	16-244 P	VA.	1545	1620	2206	21.13

	3100	16-249 P	VA.	1645	1730	2207	22.88
	3113	16-245 P	VA.	1645	1730	2208	22.30
05/14/10	3455/44	55-755 PY	VA.	1305	1345	2209	25.40
	3578	16-230 P	VA.	1345	1420	2210	23.48
	3160	16-236 P	VA.	1600	1700	2211	23.72
	3195	16-129 P	VA.	1600	1700	2212	25.02
	3124	41-630 P	VA.	1600	1700	2213	25.82
	3100	16-249 P	VA.	1630	1730	2214	23.06
	3113	16-245 P	VA.	1630	1730	2215	21.52
	3161	16-232 P	VA.	1630	1730	2216	21.79
05/19/10	3130/92	56-813 PY	VA.	0710	0815	2217	20.46
	3437/56	65-537 PY	VA.	0710	0825	2218	23.44
	3110/152	65-394 PY	VA.	0825	0940	2219	20.53
	3357/26	76-800 PY	VA.	0825	0940	2220	24.00
	3126/58	72-184 PY	VA.	0940	1055	2221	22.96
	3106/63	65-571 PY	VA.	0940	1055	2222	24.06
	3195	16-129 P	VA.	1100	1200	2223	20.78
	3081	47-502 P	VA.	1100	1200	2224	19.77
	3089	16-221 P	VA.	1100	1200	2225	20.43
	3192	16-222 P	VA.	1100	1200	2226	21.88
	3161	16-232 P	VA.	1330	1430	2227	22.49
	3432/86	55-744 PY	VA.	1430	1530	2228	21.36
	3199	16-188 P	VA.	1430	1530	2229	19.92
05/20/10	3130/92	56-813 PY	VA.	0715	0745	2230	26.72
	3100	16-249 P	VA.	0845	0930	2231	22.83
	3113	16-245 P	VA.	0845	0930	2232	22.50
	3110/152	65-394 PY	VA.	0930	1015	2233	27.31
	3460	16-244 P	VA.	1435	1510	2234	20.63
	3199	16-188 P	VA.	1450	1535	2235	25.25
	3160	16-236 P	VA.	1450	1535	2236	23.91
	3578	16-230 P	VA.	1610	1700	2237	22.36
	3180	47-465 P	VA.	1610	1700	2238	20.06
	3165	16-242 P	VA.	1610	1700	2239	22.74
	3153	16-241 P	VA.	1610	1700	2240	24.21
	3192	16-222 P	VA.	1610	1700	2241	23.96
05/21/10	3161	16-232 P	VA.	0710	0745	2242	23.87
	3195	16-129 P	VA.	0710	0745	2243	22.28
	3087/13	64-954 PY	VA.	0750	0830	2244	28.25
	3130/92	56-813 PY	VA.	0835	0910	2245	23.05
	3100	16-249 P	VA.	1355	1445	2246	19.84
	3113	16-245 P	VA.	1355	1445	2248	23.46
	3197/54	65-395 PY	VA.	1400	1500	2247	24.49
	3427/20	65-638 PY	VA.	1400	1500	2249	28.93
	3110/152	65-394 PY	VA.	1500	1610	2250	20.89
	3081	47-502 P	VA.	1500	1610	2251	20.29
	3153	16-241 P	VA.	1615	1730	2252	20.78
	3192	16-222 P	VA.	1615	1730	2253	22.33
	3578	16-230 P	VA.	1615	1730	2254	22.99
	3460	16-244 P	VA.	1615	1730	2255	23.72
	3180	47-465 P	VA.	1615	1730	2256	23.23
05/24/10	3165	16-242 P	VA.	1410	1440	2257	20.03
	3153	16-241 P	VA.	1445	1535	2258	18.49
	3460	16-244 P	VA.	1445	1535	2259	22.38
	3192	16-222 P	VA.	1445	1535	2260	22.73
	3578	16-230 P	VA.	1445	1535	2261	22.70
	3081	47-502 P	VA.	1540	1615	2262	21.72
	3143	16-258 P	VA.	1620	1715	2263	20.22

	3161	16-232 P	VA.	1620	1715	2264	22.04
	3195	16-129 P	VA.	1620	1715	2265	21.24
05/25/10	3437/56	65-537 PY	VA.	0715	0745	2267	21.81
	3130/92	56-813 PY	VA.	0715	0745	2266	19.53
	3197/54	65-395 PY	VA.	0800	0845	2268	22.59
	3116/25	65-443 PY	VA.	0800	0845	2269	21.97
	3187	16-239 P	VA.	1430	1505	2270	21.57
	3165	16-242 P	VA.	1430	1505	2271	19.85
	3081	47-502 P	VA.	1515	1605	2272	21.06
	3161	16-232 P	VA.	1515	1605	2273	21.68
	3195	16-129 P	VA.	1515	1605	2274	17.03
	3153	16-241 P	VA.	1515	1605	2275	18.68
	3192	16-222 P	VA.	1515	1605	2276	21.44
	3455/44	55-755 PY	VA.	1605	1700	2277	27.15
	3578	16-230 P	VA.	1605	1700	2278	20.38
05/26/10	3432/86	55-744 PY	VA.	0715	0755	2279	23.48
	3087/13	64-954 PY	VA.	0715	0755	2280	24.08
	3113	16-245 P	VA.	0845	0930	2281	22.35
	3130/92	56-813 PY	VA.	0930	1015	2282	24.64
	3578	16-230 P	VA.	1345	1430	2283	25.40
	3165	16-242 P	VA.	1430	1530	2284	25.53
	3187	16-239 P	VA.	1430	1530	2285	26.04
	3153	16-241 P	VA.	1430	1530	2286	26.60
	3460	16-244 P	VA.	1430	1530	2287	23.23
	3192	16-222 P	VA.	1540	1615	2288	24.98
	3161	16-232 P	VA.	1540	1615	2289	27.93
	3199	16-188 P	VA.	1630	1700	2290	24.24
07/07/10	3432/86	55-744 PY	VA	0701	0743	2291	25.52
	3135/54	13-193 PY	VA	0701	0743	2292	26.05
	3455/44	55-755 PY	VA	0846	0924	2293	25.69
	3427/20	65-638 PY	VA	0846	0924	2294	25.60
	3437/63	65-537 PY	VA	1254	1335	2295	27.73
	3197/23	65-395 PY	VA	1254	1335	2296	23.89
	3087/13	64-954 PY	VA	1342	1428	2297	25.46
	3422/152	14-860 XA	VA	1342	1428	2298	26.90
	3126/58	72-184 PY	VA	1441	1530	2299	26.28
08/10/10	3455/44	55-755 PY	VA	0705	0745	1241	22.40
	3145/53	65-570 PY	VA	0745	0825	1242	23.41
	3110/52	65-394 PY	VA	0745	0825	1243	22.73
	3422/45	14-860 XA	VA	0830	0900	1244	23.18
	3187	16-239 P	VA.	1410	1515	1245	21.95
	3141	16-238 P	VA	1410	1515	1246	22.79
	3166	16-234 P	VA	1410	1515	1247	22.42
	3203	16-219 P	VA	1410	1515	1248	19.45
	3089	16-221 P	VA	1530	1630	1249	21.00
	3160	16-236 P	VA	1530	1630	1250	22.94
08/23/10	3123/152	72-200 PY	VA	0715	0815	1209	23.85
	3437/63	65-537 PY	VA	0715	0815	1210	22.88
	3422/45	14-860 PY	VA	0815	0845	1211	24.01
	3126/54	72-184PY	VA	0900	0930	1212	24.82
	3110/52	65-394PY	VA	0930	1015	1213	24.50
	214						4957.48

Appendix E

Daily Quality Control Reports



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Monday, September 20, 2010

Weather:

Sunny, cool - 65-75 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 JWB Trucking bringing in last of the top soil for Area A
 Backfill/TopSoil of Areas A and B completed. Stone roadway repaired into SWMU 54

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		0	787
cubic yards		0	9635

JWB Trucking - TopSoil		rec'd today	total rec'd
Loads		20	106
cubic yards		220	1230

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		406
estimated tons shipped: to date		9,669.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Monday, September 20, 2010

to

Wednesday, September 22, 2010

Weather:

Sunny, cool - 65-75 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Final grading of SWMU 54, clean up of access roads and Guard Road completed

SWMU 54 completed, excavation and backfill

FINAL TOTALS FOR EXCAVATION/BACKFILL

JWB Trucking - Clean Backfill	total rec'd
Loads	787
cubic yards	9635

JWB Trucking - TopSoil	total rec'd
Loads	106
cubic yards	1230

Thompson Trucking - Non Haz	totals
Loads	406
Tons (estimated)	9,669.0

Beelman/US Bulk - Hazardous	totals
Loads	125
Tons (estimated)	2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Wednesday, January 13, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees snow showers

Description of Work:

Began sampling activities at SWMU 54 Area A and Area B

01/13/10	DEPTH
54ADW01	1 ft.
54ADW02	3 ft.
54ADW03	1 ft.
54ADW04	4 ft.
54ADW05	2 ft.
54ADW06	0.5 ft.
54ADW07	2 ft.
54AHZ02	COMPOSITE
54BDW08	1 ft.
54BDW09	2 ft.
54BDW10	4 ft.
54BDW11	3 ft.
54BDW12	2 ft.
54BDW13	1 ft.
54BDW14	4 ft.
54BDW15	2 ft.
54BDW16	1 ft.
54BDW17	3 ft.
54BDW18	2 ft.
54BHZ01	COMPOSITE
01/28/10	
54BHZ02	1 ft.
54BHZ03	2 ft.
54BHZ04	1 ft.
54BHZ05	3 ft.
54BHZ06	2 ft.
54BHZ10	composite of 10 and 17
54BHZ11	1 ft.



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Monday, January 25, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees snow showers

Description of Work:

Mobilization to the site to begin work at SWMU 54

Selected most secure route to and from Gate 10 to SWMU 54 with Matt Alberts

Equipment mobilized and being inspected, H&S plan reviewed with crew and signed off

Preparing to begin roadway into SWMU 54

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
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NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator		Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Tuesday, January 26, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees snow showers

Description of Work:

Crew on site at Gate 10, Tailgate safety meeting held and work plan discussed
JWB bringing in stone to construct roadway into SWMU 54
11 loads of stone received today - 157.81 tons

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
Stone trucks - JWB	All day					

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator		Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Wednesday, January 27, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees snow showers

Description of Work:

Crew on site at Gate 10, Tailgate safety meeting held and work plan discussed
Spreading Stone for roadways into both Area A and B
Setting up site operations and safety items today

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
----------------------	---------	----------	--------------	--------------	------	------------

No Trucks Today

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator		Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, January 28, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees snow showers

Description of Work:

Crew on site at Gate 10, Tailgate safety meeting held and work plan discussed

Receiving additional stone today for roadways into site

12 loads of stone today from JWB 172.56 tons today
330.37 tons total to date

Shaw Cat 330 on site today

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
----------------------	---------	----------	--------------	--------------	------	------------

NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Friday, January 29, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees snow this afternoon

Description of Work:

Crew on site at Gate 10, Tailgate safety meeting held and work plan discussed
Securing site for weekend, finishing roadway into site, 12" snowfall predicted for tonight and tomorrow

Total stone for roadways - 330.37 tons total to date

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
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NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Monday, February 01, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees

Description of Work:

Crew on site at Gate 10, Tailgate safety meeting held and work plan discussed
Snow removal began for today, heavy snowfall over weekend occurred.
Afternoon crew spent doing DQO testing with Chris Crawley
Total stone for roadways - 330.37 tons total to date

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
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NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Tuesday, February 02, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees

Description of Work:

Crew on site at Gate 10, Tailgate safety meeting held and work plan discussed

Crew to perform actual operating part of DQO testing today, backhoe and dozer completed, Excavator wouldn't start

Cat mechanic scheduled to inspect and repair Cat 330, will be here tomorrow

Total stone for roadways - 330.37 tons total to date

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
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NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Wednesday, February 03, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees

Description of Work:

Crew on site at Gate 10, Tailgate safety meeting held and work plan discussed
Continuing work on roadways into SWMU 54
Cat mechanic onsite working on excavator, 2 of the 4 batteries are dead and need replacing
Total stone for roadways - 330.37 tons total to date

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
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NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, February 04, 2010

Weather:

Partly cloudy and cold 30 - 35 degrees

Description of Work:

Weather turned again and snows predicted for next week, decided to shut down project for a few weeks
Demobilized Hertz equipment and sent crews home today

Total stone for roadways - 330.37 tons total to date

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
----------------------	---------	----------	--------------	--------------	------	------------

NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



Week of

Friday, March 19, 2010

**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Weather:

Partly cloudy and cold 30 - 35 degrees

Description of Work:

Spent week working on test trenches and sampling at SWMU 48

Total stone for roadways - 330.37 tons total to date

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
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NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



Week of

Friday, March 26, 2010

**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Weather:

Partly cloudy and cold 30 - 35 degrees

Description of Work:

Back to work at SWMU 54, spent entire week repairing roadways into area, marking out both excavation areas, preparing of non-hazardous manifests

Total stone for roadways - 330.37 tons total to date

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
NO TRUCKS TODAY						

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Monday, March 29, 2010

Weather:

Rainy and cold 40 - 45 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Preparing for excavation and loadout of Non-Hazardous material from Area A
Rechecking marked out areas of non-hazardous locations in Area A

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
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NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Tuesday, March 30, 2010

Weather:

Sunny, Clear 45 - 65 degrees

Description of Work:

Postponed trucks for one day to allow area more time to dry out, security set to check in trucks tomorrow
Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Preparing for excavation and loadout of Non-Hazardous material from Area A
Rechecking marked out areas of non-hazardous locations in Area A

Truck/Trailer Number	Time In	Time Out	Manifest No.	Approval No.	Tare	Net (est.)
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NO TRUCKS TODAY

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	0
estimated tons shipped: to date	0

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	
JD 650 Dozer	01/25/10	Hertz	

Gross (est.)



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Wednesday, March 31, 2010

Weather:

Sunny, Cool 50 - 75 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Begin excavation at Area A with limited trucks as test for timing and roadways into site

Truck/Trailer Number	Time In	Time Out	Manifest No.	Net (est.)
3087/13	0800	0900	2101	25.0
3432/86	0800	0900	2102	25.0
3455/44	1000	1050	2103	25.5
3422/45	1050	1150	2104	25.5
total tons				<u>101.0</u>

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	4
Estimated tons shipped: today	101
Trucks loaded: to date	4
estimated tons shipped: to date	101

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Thursday, April 01, 2010

Weather:

Sunny, Clear 50 - 75 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Begin excavation at Area A with limited trucks as test for timing and roadways into site
Secured site for holiday weekend, resume loadout on Monday.

Truck/Trailer Number	Time In	Time Out	Manifest No.	Net (est.)
3087/13	0755	0850	2105	26.0
3432/86	0755	0850	2106	26.0
3155/74	1000	1105	2107	25.0
3247/46	1000	1105	2108	25.0
total tons				<u>102.0</u>

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	4
Estimated tons shipped: today	102
Trucks loaded: to date	8
estimated tons shipped: to date	203

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Monday, April 05, 2010

Weather:

Sunny, Clear 50 - 75 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continuing excavation at Area A with Thompson trucks

Thompson trucking supplementing trailers with 5 axle dump trucks to keep loadout moving forward

Truck/Trailer Number	Time In	Time Out	Manifest No.	Net (est.)
3197/86	0715	0805	2109	26.0
3087/13	0715	0805	2110	26.0
3135/74	0815	0930	2111	25.0
3422/45	0900	0930	2112	25.0
3161	1450	1535	2113	25.0
3195	1450	1535	2114	25.0
3199	1555	1630	2115	25.0
3129	1555	1630	2116	25.0
3187	1555	1630	2117	25.0
3427/20	1630	1715	2118	27.0
3455/44	1630	1715	2119	27.0

total tons

281.0

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	11
Estimated tons shipped: today	281
Trucks loaded: to date	19
estimated tons shipped: to date	484

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Tuesday, April 06, 2010

Weather:

Sunny, Hot 85 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continuing excavation at Area A with Thompson trucks

Thompson trucking supplementing trailers with 5 axle dump trucks to keep loadout moving forward

Truck/Trailer Number	Time In	Time Out	Manifest No.	Net (est.)
3247/46	0715	0805	2120	25.0
3432/86	0715	0805	2121	25.0
3422/45	0905	0955	2122	25.0
3135/74	0905	0955	2123	25.0
3116/42	1000	1035	2124	25.0
3192/54	1400	1430	2125	25.0
3187	1500	1540	2126	25.0
3129	1500	1540	2127	25.0
3199	1500	1540	2128	25.0
3192/40	1550	1620	2129	25.0
3161	1620	1700	2130	27.0
3195	1620	1700	2131	25.0
total tons				302.0

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	12
Estimated tons shipped: today	302
Trucks loaded: to date	31
estimated tons shipped: to date	786

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Wednesday, April 07, 2010

Weather:

Sunny, Hot 60-75 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continuing excavation at Area A with Thompson trucks

Thompson trucking supplementing trailers with 5 axle dump trucks to keep loadout moving forward

Truck/Trailer Number	Time In	Time Out	Manifest No.	Net (est.)
3432/86	0715	0800	2132	25.0
3247/46	0715	0800	2133	25.0
3135/74	0920	1000	2134	25.0
3422/45	0920	1000	2135	25.0
3126/58	1300	1355	2136	25.0
3087/13	1445	1530	2137	25.0
3199	1445	1530	2138	25.0
3129	1445	1530	2139	25.0
3187	1530	1600	2140	25.0
3165	1530	1600	2141	25.0

total tons

250.0

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	10
Estimated tons shipped: today	250
Trucks loaded: to date	41
estimated tons shipped: to date	1,036

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Thursday, April 08, 2010

Weather:

Partly cloudy 60-75 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continuing excavation at Area A with Thompson trucks

Thompson trucking supplementing trailers with 5 axle dump trucks to keep loadout moving forward

Truck/Trailer Number	Time In	Time Out	Manifest No.	Net (est.)
3247/46	0715	0800	2142	25.0
3432/86	0715	0800	2143	25.0
3422/45	0900	0950	2144	25.0
3135/74	0900	0950	2145	25.0
3165	1420	1505	2146	25.0
3187	1420	1505	2147	25.0
3199	1420	1505	2148	25.0
3129	1420	1505	2149	25.0
3195	1505	1530	2150	25.0
3425/42	1530	1650	2151	25.0

total tons 250.0

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	10
Estimated tons shipped: today	250
Trucks loaded: to date	51
estimated tons shipped: to date	1,286

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Friday, April 09, 2010

Weather:

Clearing, Sunny and Cool 50 degrees, (rained overnight)

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continuing excavation at Area A with Thompson trucks

Thompson trucking supplementing trailers with 5 axle dump trucks to keep loadout moving forward

Truck/Trailer Number	Time In	Time Out	Manifest No.	Net (est.)
3247/46	0705	0800	2152	25.0
3135/74	0705	0800	2153	25.0
3422/45	0915	1005	2154	25.0
3192	1030	1120	2155	25.0
3187	1450	1530	2156	24.0
3199	1450	1530	2157	24.0
3129	1450	1530	2158	24.0

total tons

172.0

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	7
Estimated tons shipped: today	172
Trucks loaded: to date	58
estimated tons shipped: to date	1,458

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Monday, April 12, 2010

Weather:

Clearing, Sunny and Cool - 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continuing excavation at Area A with Thompson trucks

Thompson trucking supplementing trailers with 5 axle dump trucks to keep loadout moving forward

Truck/Trailer Number	Time In	Time Out	Manifest No.	Net (est.)
3247/46	0710	0755	2159	25.0
3432/86	0710	0755	2160	25.0
3422/45	0810	0900	2161	25.0
3135/74	0810	0900	2162	25.0
3192	1010	1045	2163	22.0
3187	1445	1525	2164	23.0
3199	1445	1525	2165	23.0
3129	1445	1525	2166	23.0
3166	1525	1610	2167	23.0
3089	1525	1610	2168	23.0

total tons 237.0

Delays in Schedule:

None

Verbal Instructions:

None

Shipments:	Date
Trucks loaded: today	10
Estimated tons shipped: today	237
Trucks loaded: to date	68
estimated tons shipped: to date	1,695

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Tuesday, April 13, 2010

Weather:

Clearing, Sunny and Cool - 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continuing excavation at Area A with Thompson trucks and started hazardous with Beelman Trucks
Thompson trucking supplementing trailers with 5 axle dump trucks to keep loadout moving forward

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3161	2169	23.0
3195	2170	23.0
3135/74	2171	23.0
3422/45	2172	23.0
3192	2173	23.0
3160	2174	23.0
3166	2175	23.0
3089	2176	23.0
3187	2177	23.0
3129	2178	23.0
3199	2179	23.0

total tons **253.0**

Shipments: Thompson Trucking	Date
Trucks loaded: today	11
Estimated tons shipped: today	253
Trucks loaded: to date	79
estimated tons shipped: to date	1,948

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
800/38819	006160792	25.50
794/38624	006160793	24.00
502/58	006160794	25.00
680/54	006160795	25.00
968/52	006160796	25.50
690/55	006160797	26.00
7177/57	007198948	26.00
6191/56	007198949	26.00

203.00

Shipments: Beelman/US Bulk	Date
Trucks loaded: today	8
Estimated tons shipped: today	203
Trucks loaded: to date	8
estimated tons shipped: to date	203

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Wednesday, April 14, 2010

Weather:

Partly Sunny and Cool - 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continuing excavation at Area A with Thompson trucks and started hazardous with Beelman Trucks, also from Area A
Thompson trucking supplementing trailers with 5 axle dump trucks to keep loadout moving forward

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3161	2180	23.0
3195	2181	23.0
3135/74	2182	25.0
3422/45	2183	25.0
3187	2184	23.0
3192	2185	23.0
3160	2186	23.0
3199	2187	23.0
3129	2188	23.0
3089	2189	23.0

total tons		234.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	10
Estimated tons shipped: today	234
Trucks loaded: to date	89
estimated tons shipped: to date	2,182

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
917/3812	007198950	24.50
556/3803	007198951	24.00
7175/38803	007198952	25.00
7164/38802	007198953	25.50
9176/38817	007198954	25.00
7170/38800	007198955	25.50
7153/38621	007198956	25.50

total tons		175.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	7
Estimated tons shipped: today	175
Trucks loaded: to date	15
estimated tons shipped: to date	378

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, April 15, 2010

Weather:

Partly Cloudy and Warm - 75+ degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continuing excavation at Area A with Thompson trucks and stopped hazardous with Beelman Trucks, also from Area A
Thompson trucking supplementing trailers with 5 axle dump trucks to keep loadout moving forward

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3161	2190	23.0
3195	2191	23.0
3135/74	2192	25.0
3422/45	2193	25.0
3126/26	2194	25.0
3427/20	2195	25.0
3160	2196	23.0
3199	2197	23.0
3192	2198	23.0
3129	2199	23.0
3223	2200	23.0

total tons		261.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	11
Estimated tons shipped: today	261
Trucks loaded: to date	100
estimated tons shipped: to date	2,443

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Hazardous Trucks

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	15
estimated tons shipped: to date	378

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Friday, April 16, 2010

Weather:

Partly Cloudy and Warm - 75+ degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Stopped excavating at Area A and began building roadway to Area B, JWB bringing in stone for roadway (12 Loads)
Stone will be used as backfill when project is complete and roadways are not needed anymore

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Non Hazardous Trucks

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	100
estimated tons shipped: to date	2,443

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Hazardous Trucks

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	15
estimated tons shipped: to date	378

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Monday, April 19, 2010

Weather:

Clear and Cold 40 degrees and Warming to 65 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continue building roadway to Area B, JWB bringing in stone for roadway (18 Loads)
Stone will be used as backfill when project is complete and roadways are not needed anymore
Jeff Hillebrand on site with GPS to set Area B and verify Area A locations

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Non Hazardous Trucks

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	100
estimated tons shipped: to date	2,443

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Hazardous Trucks

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	15
estimated tons shipped: to date	378

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Tuesday, April 20, 2010

Weather:

Warm and Sunny 65 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Pulling samples from Area A both confirmation for the Hazardous area and the next round of delineation for the non hazardous samples

Installing High Visibility fencing to secure excavations from outsiders

Repairing roadway to Area A and into site from burning ground road

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Non Hazardous Trucks

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	100
estimated tons shipped: to date	2,443

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Hazardous Trucks

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	15
estimated tons shipped: to date	378

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Wednesday, April 21, 2010

Weather:

Partly Sunny, Warm 70+ degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Excavation of Area B Hazardous beginning today
Bringing in C. Crawley today to complete DQO training on operators

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Non Hazardous Trucks

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	100
estimated tons shipped: to date	2,443

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Hazardous Trucks

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	15
estimated tons shipped: to date	378

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, April 22, 2010

Weather:

Foggy, Cool to Sunny Warming, 50 - 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Excavation and loading out Area B Hazardous soils
US Bulk Hauling trucks on site today

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Non Hazardous Trucks

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	100
estimated tons shipped: to date	2,443

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
169/4210	007198844	23.00
104/104A	007198843	23.50
158/158A	007198845	23.00
6191/56	007198957	26.00
7175/38803	007198958	25.00
9162/51	007198959	25.00
7170/38800	007198960	25.00
7164/38802	007198961	25.50
7162/38805	007198850	25.50
160/160A	007198846	23.00
556/3803	007198851	24.00
186/186A	007198847	23.00
917/3812	007198852	24.50
7153/38621	007198853	25.50
108/108A	007198848	22.00
197/197A	007198849	22.50

total tons		386.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	16
Estimated tons shipped: today	386
Trucks loaded: to date	31
estimated tons shipped: to date	764

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Friday, April 23, 2010

Weather:

Partly Cloudy, Cool 60 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Excavation and loading out Area B Hazardous soils
US Bulk Hauling trucks on site today

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Non Hazardous Trucks

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	100
estimated tons shipped: to date	2,443

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
119/119A	007198731	23.00
110/110A	007198732	22.00
103/103A	007198733	22.00
135/135A	007198734	22.00
112/112A	007198735	23.00
118/118A	007198736	23.00
152/152A	007198737	22.00
105/105A	007198738	23.00
162/162A	007198839	23.00
1603/1603A	007198740	23.00
176/176A	007198741	22.00
102/102A	007198742	22.00
136/136A	007198743	22.50
146/146A	007198744	23.00
191/191A	007198745	23.00
147/147A	007198746	22.00

total tons		360.50
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	16
Estimated tons shipped: today	361
Trucks loaded: to date	47
estimated tons shipped: to date	1,125

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Monday, April 26, 2010

Weather:

Partly Sunny and Warm 60 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Excavation and loading out Area B Hazardous soils
US Bulk Hauling trucks on site today

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Non Hazardous Trucks

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	100
estimated tons shipped: to date	2,443

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
160/160A	007198747	23.00
157/157A	007198748	22.00
133/133A	007198854	23.00
186/186A	007198855	23.00
192-2/192-2A	007198856	23.00
192-6/192-6A	007198857	23.00
120-1/120-1A	007198858	22.50
120/120A	007198859	22.00
130/130A	007198860	23.00
1222/1222A	007198861	24.00
1222-1/1222-1A	007198862	24.00
351/351A	007198863	22.00
196/196A	007199964	23.00
158/158A	007198865	23.00
150/150A	007198866	22.00
192-7/192-7A	007198867	22.00

total tons		364.50
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	16
Estimated tons shipped: today	365
Trucks loaded: to date	63
estimated tons shipped: to date	1,490

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Tuesday, April 27, 2010

Weather:

Partly Cloudy and Cool, 48 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Excavation and loading out Area B Hazardous soils, and Area A Hazardous soils
US Bulk Hauling trucks on site today

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO Non Hazardous Trucks

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	100
estimated tons shipped: to date	2,443

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
104/104A	007198578	23.00
146/146A	007198579	23.00
112/112A	007198580	23.00
110/110A	007198581	23.00
105/105A	007198582	23.00
118/118A	007198583	23.00
136/136A	007198584	22.00
103/103A	007198585	22.00
147/147A	007198586	22.00
191/191A	007198587	22.00
135/135A	007198588	23.00
119/119A	007198589	24.00
169/169A	007198868	24.00
177/177A	007198869	22.00

Note: Area A - 21 loads and Area B - 56 loads

total tons		319.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	14
Estimated tons shipped: today	319
Trucks loaded: to date	77
Estimated tons shipped: to date	1,809

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Wednesday, April 28, 2010

Weather:

Sunny and Warm 60 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Switched excavation to Area B non hazardous soils

Thompson Trucking on site today hauling non hazardous soils to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3357/152	1001	25.0
3427/20	1002	25.0
3432/86	1003	25.0
3455/26	1004	25.0
3422/45	1005	25.0
3422/92	1006	25.0
3199	1007	23.0
3180	1008	23.0
3153	1009	23.0
3460	1010	23.0
3089	1011	23.0
3166	1012	23.0
3257	1013	23.0
3192	1014	23.0
3143	1015	23.0

total tons	357.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	15
Estimated tons shipped: today	357
Trucks loaded: to date	115
estimated tons shipped: to date	2,800

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO HAZARDOUS TRUCKS TODAY

Note: Area A - 21 loads and Area B - 56 loads

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	77
Estimated tons shipped: to date	1,809

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Thursday, April 29, 2010

Weather:

Sunny and Warm 60 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Switched excavation to Area B non hazardous soils

Thompson Trucking on site today hauling non hazardous soils to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3357/152	1016	25.0
3427/20	1017	25.0
3432/86	1018	25.0
3437/56	1019	25.0
3126/26	1020	25.0
3126/58	1021	25.0
3153	1022	23.0
3166	1023	23.0
3199	1024	23.0
3180	1025	23.0
3089	1026	23.0
3192	1027	23.0
3143	1028	23.0
3460	1029	23.0
Voided Manifest Number	1030	

total tons	334.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	14
Estimated tons shipped: today	334
Trucks loaded: to date	129
estimated tons shipped: to date	3,134

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO HAZARDOUS TRUCKS TODAY

Note: Area A - 21 loads and Area B - 56 loads

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	77
Estimated tons shipped: to date	1,809

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Friday, April 30, 2010

Weather:

Sunny and Warm 60 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Switched excavation to Area B non hazardous soils

Thompson Trucking on site today hauling non hazardous soils to Amelia Landfill

1300 hours Crew went home for rotation weekend, site starts back up Monday morning

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3422/92	1031	25.0
3357/152	1032	25.0
3432/86	1033	25.0

NO MORE TRUCKS TODAY

total tons		75.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	3
Estimated tons shipped: today	75
Trucks loaded: to date	132
estimated tons shipped: to date	3,209

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO HAZARDOUS TRUCKS TODAY

Note: Area A - 21 loads and Area B - 56 loads

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	77
Estimated tons shipped: to date	1,809

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Monday, May 03, 2010

Weather:

Warm and Rain today, 70+ degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continued excavation of Area B non hazardous soils

Thompson Trucking on site today hauling non hazardous soils to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3455/44	1034	26.0
3247/40	1035	25.0
3197/54	1036	25.0
3357/56	1037	25.0
3187	1038	23.0
3153	1039	23.0
3199	1040	23.0
3203	1041	23.0
3180	1042	23.0
3578	1043	23.0

total tons	239.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	10
Estimated tons shipped: today	239
Trucks loaded: to date	142
estimated tons shipped: to date	3,448

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO HAZARDOUS TRUCKS TODAY

Note: Area A - 21 loads and Area B - 56 loads

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	77
Estimated tons shipped: to date	1,809

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Tuesday, May 04, 2010

Weather:

Partly Cloudy, Warm 70-80 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continued excavation of Area B non hazardous soils

Thompson Trucking on site today hauling non hazardous soils to Amelia Landfill

Jeff Hildebrand on site with XRF to continue delineation depths

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3145/53	1044	25.0
3437/26	1045	25.0
3247/40	1046	25.0
3197/54	1047	25.0
3089	1048	23.0
3138	1049	23.0
3126/58	1050	25.0
3199	1051	23.0
3113	1052	23.0
3180	1053	23.0
3153	1054	23.0
3187	1055	23.0
3203	1056	23.0
3422/92	1057	25.0
3427/20	1058	25.0
3100	1059	23.0
3135/54	1060	25.0
total tons		407.0

Shipments: Thompson Trucking	Date
Trucks loaded: today	17
Estimated tons shipped: today	407
Trucks loaded: to date	159
estimated tons shipped: to date	3,855

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO HAZARDOUS TRUCKS TODAY

Note: Area A - 21 loads and Area B - 56 loads

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	77
Estimated tons shipped: to date	1,809

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Wednesday, May 05, 2010

Weather:

Partly Cloudy, Warm 70-80 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continued excavation of Area B non hazardous soils

Thompson Trucking on site today hauling non hazardous soils to Amelia Landfill

Jeff Hilldebrand on site with XRF to continue delineation depths

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3195	1061	23.0
3118	1062	23.0
3145/53	1063	25.0
3432/86	1064	25.0
3197/54	1065	25.0
3089	1066	23.0
3138	1067	23.0
3153	1068	23.0
3187	1069	23.0
3135/54	1070	25.0
3422/92	1071	25.0
3455/44	1072	25.0
3427/20	1073	25.0
3199	1074	23.0
3203	1075	23.0
3180	1076	23.0
3100	1077	23.0
total tons		405.0

Shipments: Thompson Trucking	Date
Trucks loaded: today	17
Estimated tons shipped: today	405
Trucks loaded: to date	176
estimated tons shipped: to date	4,260

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO HAZARDOUS TRUCKS TODAY

Note: Area A - 21 loads and Area B - 56 loads

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	77
Estimated tons shipped: to date	1,809

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Thursday, May 06, 2010

Weather:

Sunny, Warm 70 - 80 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued excavation of Area B non hazardous soils, Area B nonhazardous soils completed to 4 feet.
Thompson Trucking on site today hauling non hazardous soils to Amelia Landfill
Jeff Hildebrand on site with XRF to continue delineation depths

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3126/58	1078	25.0
3161	1079	23.0
3113	1080	23.0
3432/86	1081	25.0
3087/13	1082	25.0
3089	1083	23.0
3138	1084	23.0
3455/44	1085	25.0
3427/20	1086	25.0
3135/54	1087	25.0
3422/92	1088	25.0
3100	1089	23.0
3126/58	1090	25.0
3166	1091	23.0
3143	1092	23.0
3460	1093	23.0

total tons	384.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	16
Estimated tons shipped: today	384
Trucks loaded: to date	192
estimated tons shipped: to date	4,644

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO HAZARDOUS TRUCKS TODAY

Note: Area A - 21 loads and Area B - 56 loads

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	77
Estimated tons shipped: to date	1,809

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Friday, May 07, 2010

Weather:

Sunny, Warm 50 - 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Delineation of next lift for excavation being completed

Repairing roadways into site

Jeff Hilldebrand on site with XRF to continue delineation depths

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons	0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	192
estimated tons shipped: to date	4,644

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO HAZARDOUS TRUCKS TODAY

Note: Area A - 21 loads and Area B - 56 loads

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	77
Estimated tons shipped: to date	1,809

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Monday, May 10, 2010

Weather:

Sunny, Warm 50 - 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continuing to excavate Hazardous areas in Area B
US Bulk and Beelman trucks onsite today

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	192
estimated tons shipped: to date	4,644

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
160/160A	007198870	23.00
157/157A	007198871	22.50
105/105A	007198872	23.00
154/154A	007198873	23.00
196/196A	007198874	24.00
192-2/192-2A	007198875	23.00
7164/38802	007198876	25.50
7170/38800	007198877	25.50
146/146A	007198878	23.00
138/138A	007198879	23.00
110/110A	007198880	22.00
119/119A	007198881	23.50

total tons		281.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	12
Estimated tons shipped: today	281
Trucks loaded: to date	89
Estimated tons shipped: to date	2,090

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Tuesday, May 11, 2010

Weather:

Rain Today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Sampled drums from SWMU 48
Repaired Roads, serviced equipment

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	192
estimated tons shipped: to date	4,644

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	89
Estimated tons shipped: to date	2,090

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Wednesday, May 12, 2010

Weather:

Partly Cloudy, Showers later today 60 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continuing to excavate Hazardous areas in Area B
US Bulk and Beelman trucks onsite today

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	192
estimated tons shipped: to date	4,644

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
103/103A	007198882	23.00
102/102A	007198883	22.00
102-1/102-1A	007198884	23.00
186/186A	007198885	22.00
136/136A	007198886	24.00
135/135A	007198887	23.00
118/118A	007198888	23.00
160/160A	007198889	23.00
169/4210	007198890	24.00
147/147A	007198891	22.00
191/191A	007198892	23.00
150/150A	007198893	22.00

total tons		274.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	12
Estimated tons shipped: today	274
Trucks loaded: to date	101
Estimated tons shipped: to date	2,364

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, May 13, 2010

Weather:

Partly Cloudy, Warming later 60 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Back to continuing Area A non hazardous

Thompson Trucks on site today, late start due to last minute approval from Amelia Landfill on next lift.

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3153	2201	20.0
3192	2202	20.0
3195	2203	20.0
3124	2204	20.0
3160	2205	20.0
3460	2206	20.0
3100	2207	20.0
3113	2208	20.0

total tons		160.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	8
Estimated tons shipped: today	160
Trucks loaded: to date	200
estimated tons shipped: to date	4,804

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	101
Estimated tons shipped: to date	2,364

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Friday, May 14, 2010

Weather:

Partly Cloudy, Warm 60-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Moved back to to Area B Hazardous today to complete lift

US Bulk trucks on site today

Moved back to Area A for non hazardous soils

Thompson Trucks on site also

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3455/44	2209	23.0
3578	2210	20.0
3160	2211	20.0
3195	2212	20.0
3124	2213	20.0
3100	2214	20.0
3113	2215	20.0
3161	2216	20.0

total tons		163.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	8
Estimated tons shipped: today	163
Trucks loaded: to date	208
estimated tons shipped: to date	4,967

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
110/110A	007198894	23.00
102-1/102-1A	007198895	23.00
103/103A	007198896	23.00
105/105A	007198897	23.00
138/138A	007198898	23.00
136/136A	007198899	23.00
118/118A	007198900	24.00
119/119A	007198901	23.00
135/135A	007198902	23.00
1554/1554A	007198903	24.00

Area B Hazardous completed needs confirmation sampling

total tons		232.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	10
Estimated tons shipped: today	232

Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

**Monday, May 17, 2010
Tuesday, May 18, 2010**

Weather:

Rain showers forecasted for today and tomorrow

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Worked on servicing equipment, repairing guard road and preparing for shipments later this week

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	208
estimated tons shipped: to date	4,967

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0

Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Wednesday, May 19, 2010

Weather:

Partly Cloudy, Warm 60-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued excavation of non hazardous at Area A
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3130/92	2217	23.0
3437/56	2218	23.0
3110/152	2219	23.0
3357/26	2220	23.0
3126/58	2221	23.0
3106/63	2222	23.0
3195	2223	20.0
3081	2224	20.0
3089	2225	20.0
3192	2226	20.0
3161	2227	20.0
3432/86	2228	23.0
3199	2229	20.0

total tons	281.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	13
Estimated tons shipped: today	281
Trucks loaded: to date	208
estimated tons shipped: to date	5,248

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons	0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0

Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, May 20, 2010

Weather:

Partly Cloudy, Warm 60-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued excavation of non hazardous at Area A
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3130/92	2230	23.0
3100	2231	20.0
3113	2232	20.0
3110/152	2233	23.0
3460	2234	20.0
3199	2235	20.0
3160	2236	20.0
3578	2237	20.0
3180	2238	20.0
3165	2239	20.0
3153	2240	20.0
3192	2241	20.0

total tons		246.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	12
Estimated tons shipped: today	246
Trucks loaded: to date	220
estimated tons shipped: to date	5,494

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0

Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Friday, May 21, 2010

Weather:

Partly Cloudy, Warm 60-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued excavation of non hazardous at Area A
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3161	2242	20.0
3195	2243	20.0
3087/13	2244	23.0
3130/92	2245	23.0
3100	2246	20.0
3197/54	2247	23.0
3113	2248	20.0
3427/20	2249	23.0
3110/152	2250	23.0
3081	2251	20.0
3153	2252	20.0
3192	2253	20.0
3578	2254	20.0
3460	2255	20.0
3180	2256	20.0

total tons	315.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	15
Estimated tons shipped: today	315
Trucks loaded: to date	235
estimated tons shipped: to date	5,809

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons	0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Monday, May 24, 2010

Weather:

Foggy, Light Mist 50 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued excavation of non hazardous at Area A
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3165	2257	20.0
3153	2258	20.0
3460	2259	23.0
3192	2260	23.0
3578	2261	20.0
3081	2262	23.0
3143	2263	20.0
3161	2264	23.0
3195	2265	23.0

total tons	195.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	9
Estimated tons shipped: today	195
Trucks loaded: to date	244
estimated tons shipped: to date	6,004

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons	0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Tuesday, May 25, 2010

Weather:

Partly Cloudy, Warm 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued excavation of non hazardous at Area A
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3130/92	2266	23.0
3437/56	2267	23.0
3197/54	2268	23.0
3116/25	2269	23.0
3187	2270	20.0
3165	2271	20.0
3081	2272	20.0
3161	2273	20.0
3195	2274	20.0
3153	2275	20.0
3192	2276	20.0
3455/44	2277	23.0
3578	2278	20.0

total tons	275.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	13
Estimated tons shipped: today	275
Trucks loaded: to date	257
estimated tons shipped: to date	6,279

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons	0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Wednesday, May 26, 2010

Weather:

Partly Cloudy, Warm 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Completed excavation of non hazardous at Area A, this lift.

Thompson Trucks on site today heading to Amelia Landfill

Jeff Hillebrand on site sampling Area A

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3432/86	2279	23.0
3087/13	2280	23.0
3113	2281	20.0
3130/92	2282	23.0
3578	2283	20.0
3165	2284	20.0
3187	2285	20.0
3153	2286	20.0
3460	2287	20.0
3192	2288	20.0
3161	2289	20.0
3199	2290	20.0

total tons	249.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	12
Estimated tons shipped: today	249
Trucks loaded: to date	269
estimated tons shipped: to date	6,528

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons	0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, May 27, 2010

Weather:

Partly Cloudy, Warm 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Returned to excavate Area B Non Hazardous today
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3455/44	1094	23.0
3442/20	1095	23.0
3195	1096	20.0
3153	1097	20.0
3166	1098	20.0
3578	1099	20.0
3187	1100	20.0
3460	1101	20.0
3161	1102	20.0
Voided Manifest No.	1103	

total tons		186.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	9
Estimated tons shipped: today	186
Trucks loaded: to date	278
estimated tons shipped: to date	6,714

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Friday, May 28, 2010

Weather:

Partly Cloudy, Warm 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Maintenance of equipment and securing site for Holiday Weekend

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	278
estimated tons shipped: to date	6,714

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Tuesday, June 01, 2010

Weather:

Partly Cloudy, Warm 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued to excavate Area B Non Hazardous today
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3432/86	1113	23.0
3437/29	1114	23.0
3422/25	1115	20.0
3135/54	1116	20.0
3087/13	1117	20.0
3455/44	1118	20.0
3578	1119	20.0
3153	1120	20.0
3460	1121	20.0

total tons	186.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	9
Estimated tons shipped: today	186
Trucks loaded: to date	287
estimated tons shipped: to date	6,900

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons	0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Wednesday, June 02, 2010

Weather:

Hot, Humid 90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued to excavate Area B Non Hazardous today
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3432/86	1113	23.0
3145/53	1114	23.0
3187	1115	20.0
3166	1116	20.0
3422/25	1117	23.0
3197/54	1118	23.0
3427	1119	20.0
3460	1120	20.0
3153	1121	20.0
3578	1122	20.0

total tons		212.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	10
Estimated tons shipped: today	212
Trucks loaded: to date	297
estimated tons shipped: to date	7,112

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111

Estimated tons shipped: to date	2,596
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Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, June 03, 2010

Weather:

Clear, Sunny- 85 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued to excavate Area B Non Hazardous today
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3455/44	1123	23.0
3197/54	1124	23.0
3166	1125	20.0
3437/29	1126	23.0
3357/26	1127	23.0
3422/25	1128	23.0
3161	1129	20.0
3145/53	1130	23.0

total tons		178.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	8
Estimated tons shipped: today	178
Trucks loaded: to date	305
estimated tons shipped: to date	7,290

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111

Estimated tons shipped: to date	2,596
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Delays in Schedule:
None

Verbal Instructions:
None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Friday, June 04, 2010

Weather:

Clear, Sunny- 85-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued to excavate Area B Non Hazardous today
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3197/54	1131	23.0
3437/29	1132	23.0
3432/86	1133	23.0
3087/13	1134	23.0
3110/26	1135	23.0
3135/54	1136	23.0
3578	1137	20.0
3160	1138	20.0
3460	1139	20.0
3422/25	1140	23.0

total tons		221.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	10
Estimated tons shipped: today	221
Trucks loaded: to date	315
estimated tons shipped: to date	7,511

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111

Estimated tons shipped: to date	2,596
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Delays in Schedule:
None

Verbal Instructions:
None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Monday, June 07, 2010

Weather:

Clear, Sunny- 85-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued to excavate Area B Non Hazardous today
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3197/54	1141	23.0
3115/23	1142	23.0
3087/13	1143	23.0
3432/86	1144	23.0
Void Manifest No.	1145	
3357/26	1146	23.0
3135/54	1147	23.0
3422/25	1148	23.0
3116/53	1149	23.0
3247/152	1150	23.0

total tons		207.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	9
Estimated tons shipped: today	207
Trucks loaded: to date	324
estimated tons shipped: to date	7,718

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111

Estimated tons shipped: to date	2,596
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Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Tuesday, June 08, 2010

Weather:

Clear, Sunny- 85-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued to excavate Area B Non Hazardous today
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3115/23	1151	23.0
3197/54	1152	23.0
3135/54	1153	23.0
3357/26	1154	23.0
3116/86	1155	23.0
3187	1156	20.0
3126/58	1157	23.0
3089	1158	20.0
3192	1159	20.0

total tons		198.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	9
Estimated tons shipped: today	198
Trucks loaded: to date	333
estimated tons shipped: to date	7,916

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111

Estimated tons shipped: to date	2,596
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Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Wednesday, June 09, 2010

Weather:

Cloudy, warm - 70-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Continued to excavate Area B Non Hazardous today

Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3087/13	1160	23.0
3437/29	1161	23.0
3197/54	1162	23.0
3247/152	1163	23.0
3357/26	1164	23.0
3432/86	1165	23.0
3115/23	1166	23.0
3116/25	1167	23.0
3145/53	1168	23.0

total tons		207.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	9
Estimated tons shipped: today	207
Trucks loaded: to date	342
estimated tons shipped: to date	8,123

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111

Estimated tons shipped: to date	2,596
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Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, June 10, 2010

Weather:

Cloudy, warm - 70-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued to excavate Area B Non Hazardous today
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3126/58	1169	23.0
3432/86	1170	23.0
3135/54	1171	23.0
3422/152	1172	23.0

total tons		92.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	4
Estimated tons shipped: today	92
Trucks loaded: to date	346
estimated tons shipped: to date	8,215

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Friday, June 11, 2010

Weather:

Cloudy, warm - 70-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continued to excavate Area B Non Hazardous today
Thompson Trucks on site today heading to Amelia Landfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3437/29	1173	23.0
3087/13	1174	23.0

total tons		46.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	2
Estimated tons shipped: today	46
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

6/14/10-6/16/10

Weather:

Cloudy, warm - 70-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Excavations completed until all confirmation sample results are received from Lab
Repairing Guard road and preparing to stockpile general fill for backfill operations

JWB Trucking - Clean Backfill

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	Date
Trucks loaded: today	2
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	Date
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Thursday, June 17, 2010

Weather:

Cloudy, warm - 70-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Importing of backfill to establish stockpile begins while waiting for sample results from Lab
Starting stockpile at Area A

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	54	
cubic yards	652.5	

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	2
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10

JD 650 Dozer	01/25/10	Hertz	03/26/10
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RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Friday, June 18, 2010

Weather:

Cloudy, warm - 70-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Importing of backfill to establish stockpile begins while waiting for sample results from Lab
Starting stockpile at Area A

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	63	117
cubic yards	770	1422.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	2
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10

JD 650 Dozer	01/25/10	Hertz	03/26/10
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RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Monday, June 21, 2010

Weather:

Cloudy, warm - 70-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Importing of backfill to establish stockpile begins while waiting for sample results from Lab
Starting stockpile at Area A

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	60	177
cubic yards	750	2172.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	2
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10

JD 650 Dozer	01/25/10	Hertz	03/26/10
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RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Tuesday, June 22, 2010

Weather:

Cloudy, warm - 70-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Importing of backfill to establish stockpile begins while waiting for sample results from Lab
Starting stockpile at Area A

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	71	248
cubic yards	930	3102.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	2
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10

JD 650 Dozer	01/25/10	Hertz	03/26/10
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RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Wednesday, June 23, 2010

Weather:

Showers, warm - 70-80 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Importing of backfill to establish stockpile begins while waiting for sample results from Lab
 Starting stockpile at Area A

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		40	288
cubic yards		512.5	3615

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	2
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10

JD 650 Dozer	01/25/10	Hertz	03/26/10
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RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Thursday, June 24, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Importing of backfill to establish stockpile begins while waiting for sample results from Lab
 Starting stockpile at Area A

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		63	351
cubic yards		832.5	4447.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	2
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10

JD 650 Dozer	01/25/10	Hertz	03/26/10
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RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Friday, June 25, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Importing of backfill to establish stockpile begins while waiting for sample results from Lab
 Stopped stockpiling of General Fill

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		48	399
cubic yards		600	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	2
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10

JD 650 Dozer	01/25/10	Hertz	03/26/10
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**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

6/28/10-6/30/10

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Stockpiling material into piles around Area A
Reviewing and restaking out areas that still require additional excavation in Area A

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		0	399
cubic yards		0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10

JD 650 Dozer	01/25/10	Hertz	03/26/10
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**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Thursday, July 01, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Stockpiling material into piles around Area A
Reviewing and restaking out areas that still require additional excavation in Area A
Demobilizing crew for holiday weekend, back on site July 6th

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Tuesday, July 06, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Crew back on site after extended weekend

Stockpiling Non Hazardous soils from grids in Area A that are not clean based on sample results

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	2
Estimated tons shipped: today	0
Trucks loaded: to date	348
estimated tons shipped: to date	8,261

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Wednesday, July 07, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Thompson Trucking on site for Non Hazardous soils from Area A
Transporting soils to Amelia Landfill

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3432/86	2291	23
3135/54	2292	23
3455/44	2293	23
3427/20	2294	23
3437/63	2295	23
3197/23	2296	23
3087/13	2297	23
3422/52	2298	23
3126/58	2299	23

total tons		207.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	9
Estimated tons shipped: today	207
Trucks loaded: to date	357
estimated tons shipped: to date	8,468

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

7/8/10 - 7/16/10

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Stockpiling hazardous material inside Area A excavation for shipment
Reviewing and restaking out areas that still require additional excavation in Area A
Resampling areas for confirmation after excavation and stockpiling

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	357
estimated tons shipped: to date	8,468

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

7/19/10 - 7/21/10

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Stockpiling non - hazardous material inside Area B excavation for shipment
Reviewing and restaking out areas that still require additional excavation in Area B
Resampling areas for confirmation after excavation and stockpiling

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	357
estimated tons shipped: to date	8,468

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Thursday, July 22, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Thompson Trucking on site for Non Hazardous soils from Area B
Pulling and sending samples to Lab from Areas A and B

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3432/86	1175	23
3195	1176	20
3357/26	1177	23
3110/52	1178	23
3455/304	1179	23
3422/23	1180	23
3197/25	1181	23
3145/53	1182	23
3247/45	1183	23
3115/58	1184	23

total tons		227.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	10
Estimated tons shipped: today	227
Trucks loaded: to date	367
estimated tons shipped: to date	8,835

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Friday, July 23, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Thompson Trucking on site for Non Hazardous soils from Area B
Pulling and sending samples to Lab from Areas A and B

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
3432/86	1185	23
3437/63	1186	23
3357/26	1187	23
3110/52	1188	23
3081	1189	20
3100	1190	20
3414/29	1191	23
3195	1192	20
3118	1193	20
3113	1194	20

total tons		215.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	10
Estimated tons shipped: today	215
Trucks loaded: to date	377
estimated tons shipped: to date	9,050

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

7/26/10 - 7/30/10

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Finished sampling areas in both excavations that need confirmation samples
Begin backfilling areas in Area A that have been completed and documented clean
Davis out sick for the week with infection, hospitalized for a few days, not job related

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	377
estimated tons shipped: to date	9,050

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number Manifest No. Net (est.)

NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

8/2/10 - 8/4/10

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Finished sampling areas in both excavations that need confirmation samples
Continued backfilling areas in Area A that have been completed and documented clean
Stockpiled a few loads of Hazardous from Area A

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	377
estimated tons shipped: to date	9,050

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.00
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0
Trucks loaded: to date	111
Estimated tons shipped: to date	2,596

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Thursday, August 05, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
US Bulk trucks on site for Hazardous soils from Area A
Excavating additional hazardous materials for US Bulk to haul for disposal

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	0
Estimated tons shipped: today	0.0
Trucks loaded: to date	377
estimated tons shipped: to date	9,050.0

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
136/136A	007178175	22.5
110/110A	007178176	23.0
146/146A	007178177	23.0
105/105A	007178178	23.0
129/129A	007178179	23.0
196/196A	007178180	23.0
1772/114B	007178181	23.0

total tons		160.5
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	7
Estimated tons shipped: today	160.5
Trucks loaded: to date	118
Estimated tons shipped: to date	2,756.5

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54**

Friday, August 06, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
US Bulk trucks on site for Hazardous soils from Area A
Began excavating additional non - hazardous grids in Area A for shipment to Amelia Landfill

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	0
Estimated tons shipped: today	0.0
Trucks loaded: to date	377
estimated tons shipped: to date	9,050.0

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
119/119A	007178182	22.5
1296/1297A	007178183	24.0
138/138A	007178184	24.0
135/135A	007178185	23.0
150/150A	007178186	22.0
1275/1275A	007178187	23.0
571/2571	007178188	23.0

total tons		161.5
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	7
Estimated tons shipped: today	161.5
Trucks loaded: to date	125
Estimated tons shipped: to date	2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Monday, August 09, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continuing excavation and stockpile of additional locations of non - hazardous soils in Area A
Sampled 11 locations and sent to Lab for analysis

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Thompson Trucking	totals
Trucks loaded: today	0
Estimated tons shipped: today	0.0
Trucks loaded: to date	377
estimated tons shipped: to date	9,050.0

Beelman Trucking/US Bulk Transport - Hazardous

Truck/Trailer Number	Manifest No.	Net (est.)
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NO TRUCKS TODAY

total tons		0.0
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Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0.0
Trucks loaded: to date	125
Estimated tons shipped: to date	2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Tuesday, August 10, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Thompson trucking on site today for non hazardous soils from Area A

Excavation Status

Area A Haz and Non Haz excavation complete waiting for sample results (11 samples at Lab)

Area B Non Haz excavation complete waiting sample results, Haz has 7 areas left to excavate

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
3455/44	1241	23
3145/53	1242	23
3110/52	1243	23
3422/45	1244	23
3187	1245	20
3141	1246	20
3166	1247	20
3203	1248	20
3089	1249	20
3160	1250	20
total tons		212.0
Shipments: Thompson Trucking		totals
Trucks loaded: today		10
Estimated tons shipped: today		212.0
Trucks loaded: to date		387
estimated tons shipped: to date		9,262.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

8/11/10 - 8/12/10

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Excavating areas remaining in Area B and stockpiling for loadout, pulling confirmation samples
 as we excavate area
 Also backfilling clean areas in Area B

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		0	399
cubic yards		0	5047.5

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
3455/44	1241	23
3145/53	1242	23
3110/52	1243	23
3422/45	1244	23
3187	1245	20
3141	1246	20
3166	1247	20
3203	1248	20
3089	1249	20
3160	1250	20
total tons		212.0
Shipments: Thompson Trucking		totals
Trucks loaded: today		10
Estimated tons shipped: today		212.0
Trucks loaded: to date		387
estimated tons shipped: to date		9,262.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Friday, August 13, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Thompson trucking on site today for non hazardous soils from Area B
 Continuing backfill of clean grids in Area B

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
3318	1195	20
3100	1196	20
3113	1197	20
3089	1198	20
3192	1199	20
total tons		100.0
Shipments: Thompson Trucking		
		totals
Trucks loaded: today		5
Estimated tons shipped: today		100.0
Trucks loaded: to date		392
estimated tons shipped: to date		9,362.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		
		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Monday, August 16, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Thompson trucking on site today for non hazardous soils from Area B
 Continuing backfill of clean grids in Area B

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
3123/152	1200	23
3422/25	1201	23
3142/54	1202	23
3100	1203	20
3113	1204	20
3118	1205	20
3161	1206	20
3145/53	1207	23
3195	1208	20
total tons		192.0

Shipments: Thompson Trucking	totals
Trucks loaded: today	9
Estimated tons shipped: today	192.0
Trucks loaded: to date	401
estimated tons shipped: to date	9,554.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0

Shipments: Beelman/US Bulk	totals
Trucks loaded: today	0
Estimated tons shipped: today	0.0
Trucks loaded: to date	125
Estimated tons shipped: to date	2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

8/17/10 - 8/20/10

Weather:

Partly Cloudy - Showers over 4 day period

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Backfilling at both Area A and B to extent possible with stockpiled material
 Excavated 5 areas in Area A that are non hazardous, sampled locations and stockpiled soil for loadout

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		0	399
cubic yards		0	5047.5

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		401
estimated tons shipped: to date		9,554.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Monday, August 23, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Thompson trucking on site today for non hazardous soils from Area A
Continued backfill with stockpiled material at Area A

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	399
cubic yards	0	5047.5

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
3123/152	1209	23
3437/63	1210	23
3422/45	1211	23
3126/54	1212	23
3110/52	1213	23
total tons		115.0
Shipments: Thompson Trucking		
totals		
Trucks loaded: today	5	
Estimated tons shipped: today	115.0	
Trucks loaded: to date	406	
estimated tons shipped: to date	9,669.0	

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		
totals		
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	125	
Estimated tons shipped: to date	2,918.0	

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Tuesday, August 24, 2010
 to

Friday, August 27, 2010

Weather:

Showers, Warm 70 degrees

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Continued backfill with stockpiled material at Area A, on Friday all stockpiled soils used
 Schedule backfill trucks for Monday from JWB Construction

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		0	399
cubic yards		0	5047.5

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		totals
Trucks loaded: today		5
Estimated tons shipped: today		0.0
Trucks loaded: to date		406
estimated tons shipped: to date		9,669.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Monday, August 30, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
JWB Trucking on site with general fill backfill today
Moved backfill operations to Area B today

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		57	456
cubic yards		690	5737.5

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		
totals		
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	406	
estimated tons shipped: to date	9,669.0	

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		
totals		
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	125	
Estimated tons shipped: to date	2,918.0	

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



**RADFORD ARSENAL
OPERATIONS DAILY REPORT**
Shaw Project No. 136880
SWMU 54

Tuesday, August 31, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
JWB Trucking on site with general fill backfill today
Continued backfill operations in Area B today

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	69	525
cubic yards	832.5	6570

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	406	
estimated tons shipped: to date	9,669.0	

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	125	
Estimated tons shipped: to date	2,918.0	

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Wednesday, September 01, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
JWB Trucking on site with general fill backfill today
Continued backfill operations in Area B today

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	79	604
cubic yards	960	7530

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		
		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		406
estimated tons shipped: to date		9,669.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		
		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Thursday, September 02, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 JWB Trucking on site with general fill backfill today
 Continued backfill operations in Area B today

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		72	676
cubic yards		855	8385

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		
totals		
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		406
estimated tons shipped: to date		9,669.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		
totals		
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Friday, September 03, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

JWB Trucking on site with general fill backfill today

Continued backfill operations in Area B today

Sent crew home for Labor Day holiday weekend

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		28	704
cubic yards		340	8725

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		
totals		
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		406
estimated tons shipped: to date		9,669.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		
totals		
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Tuesday, September 07, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Back on site after holiday weekend, backfilling with remaining piles
 Repairing roadways into site and schedule backfill trucks to resume tomorrow

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		0	704
cubic yards		0	8725

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		
totals		
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		406
estimated tons shipped: to date		9,669.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		
totals		
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		125
Estimated tons shipped: to date		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Wednesday, September 08, 2010

Weather:

Sunny, warm - 80-90 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

JWB Trucking resumed delivery of backfill material today

Continuing backfill of Area B excavation, general fill completed today in Area B

Sent out 5 samples for dioxin/furans today

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	43	747
cubic yards	470	9195

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		
		totals
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	406	
estimated tons shipped: to date	9,669.0	

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk		
		totals
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	125	
Estimated tons shipped: to date	2,918.0	

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	

JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Thursday, September 09, 2010

Weather:

Sunny, cool - 65-75 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
JWB Trucking began delivery of top soil material today (turn around time 1.5.hrs)
Beginning top soil of Area B excavation and roadway into area working out to Area A

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	747
cubic yards	0	9195

JWB Trucking - TopSoil	rec'd today	total rec'd
Loads	26	26
cubic yards	290	290

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking	totals	
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	406	
estimated tons shipped: to date	9,669.0	

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk	totals	
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	125	
Estimated tons shipped: to date	2,918.0	

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Friday, September 10, 2010

Weather:

Sunny, cool - 65-75 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 JWB Trucking began delivery of top soil material today (turn around time 1.5.hrs)
 Continuing topsoil of Area B , Area B top soil completed today

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		0	747
cubic yards		0	9195

JWB Trucking - TopSoil		rec'd today	total rec'd
Loads		30	56
cubic yards		360	650

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking	totals	
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	406	
estimated tons shipped: to date	9,669.0	

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk	totals	
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	125	
Estimated tons shipped: to date	2,918.0	

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Monday, September 13, 2010

to

Wednesday, September 15, 2010

Weather:

Sunny, cool - 65-75 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

Working today on the removal of the stone roadway between Area B and Area A.

Taking stone from temporary roadway and using as backfill in Area A

Stone roadway stripped down to original grade and all stone used as backfill

JWB Trucking - Clean Backfill		rec'd today	total rec'd
Loads		0	747
cubic yards		0	9195

JWB Trucking - TopSoil		rec'd today	total rec'd
Loads		30	56
cubic yards		360	650

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking	totals	
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	406	
estimated tons shipped: to date	9,669.0	

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk	totals	
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	125	
Estimated tons shipped: to date	2,918.0	

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Thursday, September 16, 2010

Weather:

Sunny, cool - 65-75 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed

JWB Trucking brought in general fill material for top of Area A

General fill material being used to cover stone from roadway used as backfill

Area A general fill completed

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	40	787
cubic yards	440	9635

JWB Trucking - TopSoil	rec'd today	total rec'd
Loads	0	56
cubic yards	0	650

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking	totals	
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	406	
estimated tons shipped: to date	9,669.0	

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk	totals	
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	125	
Estimated tons shipped: to date	2,918.0	

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Friday, September 17, 2010

Weather:

Sunny, cool - 65-75 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 JWB Trucking bringing in top soil for roadway from Area B to Area A
 Roadway completed, started top soil on Area A

JWB Trucking - Clean Backfill	rec'd today	total rec'd
Loads	0	787
cubic yards	0	9635

JWB Trucking - TopSoil	rec'd today	total rec'd
Loads	30	86
cubic yards	360	1010

Thompson Trucking - Non Haz.		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Thompson Trucking		totals
Trucks loaded: today		0
Estimated tons shipped: today		0.0
Trucks loaded: to date		406
estimated tons shipped: to date		9,669.0

Beelman Trucking/US Bulk Transport - Hazardous		
Truck/Trailer Number	Manifest No.	Net (est.)
NO TRUCKS TODAY		
total tons		0.0
Shipments: Beelman/US Bulk	totals	
Trucks loaded: today	0	
Estimated tons shipped: today	0.0	
Trucks loaded: to date	125	
Estimated tons shipped: to date	2,918.0	

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Thursday, September 23, 2010

Weather:

Sunny, cool - 65-75 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Sent crew to help Jeff Hillebrand and drilling subcontractor move drums to storage area
During moving Glen Davis pinched finger between two drums and injured himself-OSHA Recordable

FINAL TOTALS FOR EXCAVATION/BACKFILL

JWB Trucking - Clean Backfill		total rec'd
Loads		787
cubic yards		9635

JWB Trucking - TopSoil		total rec'd
Loads		106
cubic yards		1230

Thompson Trucking - Non Haz		totals
Loads		406
Tons (estimated)		9,669.0

Beelman/US Bulk - Hazardous		totals
Loads		125
Tons (estimated)		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
 Shaw Project No. 136880
 SWMU 54

Friday, September 24, 2010
 to

Thursday, September 30, 2010

Weather:

Sunny, cool - 65-75 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
 Site Restoration and decontamination activities being completed during this time.
 Gregory Seeding on site to measure and price hydro-seeding of SWMU 54

FINAL TOTALS FOR EXCAVATION/BACKFILL

JWB Trucking - Clean Backfill		total rec'd
Loads		787
cubic yards		9635

JWB Trucking - TopSoil		total rec'd
Loads		106
cubic yards		1230

Thompson Trucking - Non Haz		totals
Loads		406
Tons (estimated)		9,669.0

Beelman/US Bulk - Hazardous		totals
Loads		125
Tons (estimated)		2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Friday, October 01, 2010

Weather:

Sunny, cool - 50-60 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continuing site restoration and equipment decon, preparing to demobilize SWMU 54
Added stone to guard road and graded out with dozer

FINAL TOTALS FOR EXCAVATION/BACKFILL

JWB Trucking - Clean Backfill	total rec'd
Loads	787
cubic yards	9635

JWB Trucking - TopSoil	total rec'd
Loads	106
cubic yards	1230

Thompson Trucking - Non Haz	totals
Loads	406
Tons (estimated)	9,669.0

Beelman/US Bulk - Hazardous	totals
Loads	125
Tons (estimated)	2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Monday, October 04, 2010
to

Friday, October 08, 2010

Weather:

Sunny, cool - 50-60 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Continuing site restoration and equipment decon, preparing to demobilize SWMU 54

FINAL TOTALS FOR EXCAVATION/BACKFILL

JWB Trucking - Clean Backfill	total rec'd
Loads	787
cubic yards	9635

JWB Trucking - TopSoil	total rec'd
Loads	106
cubic yards	1230

Thompson Trucking - Non Haz	totals
Loads	406
Tons (estimated)	9,669.0

Beelman/US Bulk - Hazardous	totals
Loads	125
Tons (estimated)	2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	
2004 Chevy Colorado 4x4	01/25/10	Shaw	
2006 Chevy 4x4 Silverado	01/25/10	Shaw	
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10



RADFORD ARSENAL
OPERATIONS DAILY REPORT
Shaw Project No. 136880
SWMU 54

Monday, October 11, 2010
to

Friday, October 15, 2010

Weather:

Sunny, cool - 50-60 degrees today

Description of Work:

Tailgate safety meeting held, work plan discussed and any issues and concerns addressed
Completed site restoration and equipment decon, staged Cat 330 Excavator on site.
Staged Shaw pick up trucks at hotel until needed or project starts back up.

FINAL TOTALS FOR EXCAVATION/BACKFILL

JWB Trucking - Clean Backfill	total rec'd
Loads	787
cubic yards	9635

JWB Trucking - TopSoil	total rec'd
Loads	106
cubic yards	1230

Thompson Trucking - Non Haz	totals
Loads	406
Tons (estimated)	9,669.0

Beelman/US Bulk - Hazardous	totals
Loads	125
Tons (estimated)	2,918.0

Delays in Schedule:

None

Verbal Instructions:

None

Equipment On Site:	Date On Site	Shaw/Rental	Demob from Site
Cat 330 Excavator	01/28/10	Shaw	10/15/10
2004 Chevy Colorado 4x4	01/25/10	Shaw	10/15/10
2006 Chevy 4x4 Silverado	01/25/10	Shaw	10/15/10
JD Backhoe	01/25/10	Hertz	03/26/10
JD 650 Dozer	01/25/10	Hertz	03/26/10

Appendix F

Health and Safety Forms



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 46546
INSPECTED BY: C. Betts
EMP. NUMBER: 1176271

WEEK ENDING: 7/23/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

0 Unit Washed, Interior Cleaned. Yes / No
0 Unit Fueled
0 Air Conditioner / Heater
0 Battery / Starter / Horn
0 Lights, Head-Tail-Turn-Stop-Emer.
0 Ins. Card & Accident Report Kit
0 Current Registration, Plates
0 Service Brakes
0 Parking Brakes
0 Windshield Wipers / Washers
0 Mirrors-Inside-Outside
0 Engine Oil, Oil Pressure

Yes / No

0 Transmission Oil & Drive Line
0 Radiator / Cooling System
0 Exhaust / Muffler
0 Front Axle / Steering
0 Suspension System
0 Spare Tire
0 Jack & Lug Wrench
C 0 Tires / Wheels / Rims
0 Frame / Bumpers
0 Coupling Devices
0 Trailer Electrical Connector
N Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

TIRES NEED TO BE REPLACED
TREAD VERY LITTLE
TAIL GATE NEEDS ATTENTION

INSPECTORS SIGNATURE:

C. Betts

DATE:

7/23/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 46102
INSPECTED BY: C. BRUNSON
EMP. NUMBER: 1176271

WEEK ENDING: 7/16/10
CURRENT JOB NO: 136880
FUEL FRONT: 3/4
FUEL REAR: 3/4

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

0 Unit Washed, Interior Cleaned.
0 Unit Fueled
0 Air Conditioner / Heater
0 Battery / Starter / Horn
0 Lights, Head-Tail-Turn-Stop-Emer.
0 Ins. Card & Accident Report Kit
0 Current Registration, Plates
0 Service Brakes
0 Parking Brakes
0 Windshield Wipers / Washers
0 Mirrors-Inside-Outside
0 Engine Oil, Oil Pressure

Yes / No

0 Transmission Oil & Drive Line
0 Radiator / Cooling System
0 Exhaust / Muffler
0 Front Axle / Steering
2 Suspension System
0 Spare Tire
0 Jack & Lug Wrench
0 Tires / Wheels / Rims
0 Frame / Bumpers
0 Coupling Devices
0 Trailer Electrical Connector
X Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

TAILGATE NEEDS ATTENTION!

INSPECTORS SIGNATURE:

[Signature]

DATE:

7/16/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 45650
INSPECTED BY: C. Brinson
EMP. NUMBER: 1170271

WEEK ENDING: 6/26/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. ☒ Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer-Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y (N)

DATE

MILES

COMMENTS:

tailgate needs work!!

INSPECTORS SIGNATURE: C. Brinson

DATE: 6/26/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 45200
INSPECTED BY: C. BEHNSEN
EMP. NUMBER: 1176271

WEEK ENDING: 6/19/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. ☒ Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED ☒ Y / N

DATE 6/14/10

MILES 44,808

COMMENTS:

Tailgate needs work!

INSPECTOR'S SIGNATURE:

Chris Behn

DATE:

6/19/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 44,800
INSPECTED BY: C. BRINSON
EMP. NUMBER: 117627

WEEK ENDING: 6/12/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

O Unit Washed, Interior Cleaned. Yes / No
O Unit Fueled
O Air Conditioner / Heater
O Battery / Starter / Horn
O Lights, Head-Tail-Turn-Stop-Emer.
O Ins. Card & Accident Report Kit
O Current Registration, Plates
O Service Brakes
O Parking Brakes
O Windshield Wipers / Washers
O Mirrors-Inside-Outside
O Engine Oil, Oil Pressure

Yes / No

O Transmission Oil & Drive Line
O Radiator / Cooling System
O Exhaust / Muffler
O Front Axle / Steering
O Suspension System
O Spare Tire
O Jack & Lug Wrench
O Tires / Wheels / Rims
O Frame / Bumpers
O Coupling Devices
O Trailer Electrical Connector
C Other, Please Enter Comments Below

WAS UNIT SERVICED Y/N

DATE

MILES

COMMENTS:

Tailgate needs work

INSPECTORS SIGNATURE:

Chris Brinson

DATE:

6/12/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 45811
INSPECTED BY: C. BRUNSON
EMP. NUMBER: 1176271

WEEK ENDING: 7/2/10
CURRENT JOB NO: 136880
FUEL FRONT: FULL
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. ☒ Yes / No
☐ Unit Fueled
☐ Air Conditioner / Heater
☐ Battery / Starter / Horn
☐ Lights, Head-Tail-Turn-Stop-Emer.
☐ Ins. Card & Accident Report Kit
☐ Current Registration, Plates
☐ Service Brakes
☐ Parking Brakes
☐ Windshield Wipers / Washers
☐ Mirrors-Inside-Outside
☐ Engine Oil, Oil Pressure

Yes / No

☐ Transmission Oil & Drive Line
☐ Radiator / Cooling System
☐ Exhaust / Muffler
☐ Front Axle / Steering
☐ Suspension System
☐ Spare Tire
☐ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☐ Frame / Bumpers
☐ Coupling Devices
☐ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

NEED TIRES - TAILGATE NEEDS ATTENTION

INSPECTORS SIGNATURE:

C. Brunson

DATE:

7/2/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 46802
INSPECTED BY: C. J. B. B. B.
EMP. NUMBER: 1176271

WEEK ENDING: 7/30/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned.
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

NEED TIRES

TAILGATE NEEDS ATTENTION

INSPECTORS SIGNATURE:

Chapman

DATE:

7/30/10



Shaw Environmental and Infrastructure, Inc.

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 44407
INSPECTED BY: C. BAINES
EMP. NUMBER: 1176271

WEEK ENDING: 6/4/10
CURRENT JOB NO: 136880
FUEL FRONT: FULL
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. ☒ Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS: Tailgate needs work -

INSPECTORS SIGNATURE: Chad Bain

DATE: 6/4/10



Shaw Environmental and Infrastructure, Inc.

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 43691
INSPECTED BY: CHET BERNER
EMP. NUMBER: 1176271

WEEK ENDING: 5/21/10
CURRENT JOB NO: 136880
FUEL FRONT: F011
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

<u>0</u> Unit Washed, Interior Cleaned.	<u>Yes</u> / No	<u>0</u> Transmission Oil & Drive Line
<u>0</u> Unit Fueled	Yes / No	<u>0</u> Radiator / Cooling System
<u>0</u> Air Conditioner / Heater		<u>0</u> Exhaust / Muffler
<u>0</u> Battery / Starter / Horn		<u>0</u> Front Axle / Steering
<u>0</u> Lights, Head-Tail-Turn-Stop-Emer.		<u>0</u> Suspension System
<u>0</u> Ins. Card & Accident Report Kit		<u>0</u> Spare Tire
<u>0</u> Current Registration, Plates		<u>0</u> Jack & Lug Wrench
<u>0</u> Service Brakes		<u>0</u> Tires / Wheels / Rims
<u>0</u> Parking Brakes		<u>0</u> Frame / Bumpers
<u>0</u> Windshield Wipers / Washers		<u>0</u> Coupling Devices
<u>0</u> Mirrors-Inside-Outside		<u>0</u> Trailer Electrical Connector
<u>0</u> Engine Oil, Oil Pressure		<u>C</u> Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

tailgate needs attention

INSPECTORS SIGNATURE:

Chet Berner

DATE: 5/21/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 43109
INSPECTED BY: CHRISTOPHER J. BROWN
EMP. NUMBER: 1176271

WEEK ENDING: 5/14/10
CURRENT JOB NO: 136880
FUEL FRONT: FULL
FUEL REAR: FULL

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

tailgate safe not working correctly

INSPECTORS SIGNATURE:

Christopher J. Brown

DATE:

5/14/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 41304
INSPECTED BY: C. Brown
EMP. NUMBER: 1176271

WEEK ENDING: 4-16-10
CURRENT JOB NO: 136880
FUEL FRONT: 3/4 Full
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned.	☒ Yes ☐ No	☒ Transmission Oil & Drive Line
☒ Unit Fueled	☒ Yes ☐ No	☒ Radiator / Cooling System
☒ Air Conditioner / Heater		☒ Exhaust / Muffler
☒ Battery / Starter / Horn		☒ Front Axle / Steering
☒ Lights, Head-Tail-Turn-Stop-Emer.		☒ Suspension System
☒ Ins. Card & Accident Report Kit		☒ Spare Tire
☒ Current Registration, Plates		☒ Jack & Lug Wrench
☒ Service Brakes		☒ Tires / Wheels / Rims
☒ Parking Brakes		☒ Frame / Bumpers
☒ Windshield Wipers / Washers		☒ Coupling Devices
☒ Mirrors-Inside-Outside		☒ Trailer Electrical Connector
☒ Engine Oil, Oil Pressure		☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

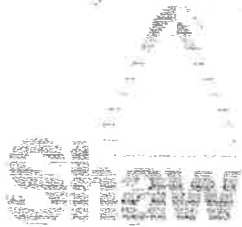
tailgate NOT working right!

INSPECTORS SIGNATURE:

Chad Brown

DATE:

4-16-10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 40380
INSPECTED BY: C. BRINSON
EMP. NUMBER: 1176271

WEEK ENDING: 4-2-10
CURRENT JOB NO: 136880
FUEL FRONT: FULL
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. Yes / No	☒ Transmission Oil & Drive Line
☒ Unit Fueled Yes / No	☒ Radiator / Cooling System
☒ Air Conditioner / Heater	☒ Exhaust / Muffler
☒ Battery / Starter / Horn	☒ Front Axle / Steering
☒ Lights, Head-Tail-Turn-Stop-Emer.	☒ Suspension System
☒ Ins. Card & Accident Report Kit	☒ Spare Tire
☒ Current Registration, Plates	☒ Jack & Lug Wrench
☒ Service Brakes	☒ Tires / Wheels / Rims
☒ Parking Brakes	☒ Frame / Bumpers
☒ Windshield Wipers / Washers	☒ Coupling Devices
☒ Mirrors-Inside-Outside	☒ Trailer Electrical Connector
☒ Engine Oil, Oil Pressure	☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS: TAIL GATE NEEDS WORK HANDLE NOT SPRING
BACK

INSPECTORS SIGNATURE: Chet Brinson

DATE: 3/1/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: _____
INSPECTED BY: C. BRINSON
EMP. NUMBER: 1176271

WEEK ENDING: 2/12/10
CURRENT JOB NO: 136880
FUEL FRONT: _____
FUEL REAR: _____

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

<u>0</u> Unit Washed, Interior Cleaned.	Yes / No	<u>0</u> Transmission Oil & Drive Line
<u>0</u> Unit Fueled	Yes / No	<u>0</u> Radiator / Cooling System
<u>0</u> Air Conditioner / Heater		<u>0</u> Exhaust / Muffler
<u>0</u> Battery / Starter / Horn		<u>0</u> Front Axle / Steering
<u>0</u> Lights, Head-Tail-Turn-Stop-Emer.		<u>0</u> Suspension System
<u>0</u> Ins. Card & Accident Report Kit		<u>0</u> Spare Tire
<u>0</u> Current Registration, Plates		<u>0</u> Jack & Lug Wrench
<u>0</u> Service Brakes		<u>0</u> Tires / Wheels / Rims
<u>0</u> Parking Brakes		<u>0</u> Frame / Bumpers
<u>0</u> Windshield Wipers / Washers		<u>0</u> Coupling Devices
<u>0</u> Mirrors-Inside-Outside		<u>0</u> Trailer Electrical Connector
<u>0</u> Engine Oil, Oil Pressure		<u>0</u> Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS: everything okay mechanic wise.

INSPECTORS SIGNATURE: Chris Brinson

DATE: 2/12/10



Shaw Environmental and Infrastructure, Inc

Equipment Group

WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 39436
INSPECTED BY: C. BRINSEN
EMP. NUMBER: 1176271

WEEK ENDING: 2/5/10
CURRENT JOB NO: 136880
FUEL FRONT: 1/2 TANK
FUEL REAR: 1/2 TANK

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

0 Unit Washed, Interior Cleaned. Yes / No
0 Unit Fueled Yes / No
0 Air Conditioner / Heater
0 Battery / Starter / Horn
0 Lights, Head-Tail-Turn-Stop-Emer.
0 Ins. Card & Accident Report Kit
0 Current Registration, Plates
0 Service Brakes
0 Parking Brakes
0 Windshield Wipers / Washers
0 Mirrors-Inside-Outside
0 Engine Oil, Oil Pressure

0 Transmission Oil & Drive Line
0 Radiator / Cooling System
0 Exhaust / Muffler
0 Front Axle / Steering
0 Suspension System
0 Spare Tire
0 Jack & Lug Wrench
0 Tires / Wheels / Rims
0 Frame / Bumpers
0 Coupling Devices
0 Trailer Electrical Connector
Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

1/2 TANK GAS

INSPECTORS SIGNATURE:

Chad Brin

DATE:

2/5/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: _____
INSPECTED BY: C. BRINSON
EMP. NUMBER: 1176271

WEEK ENDING: 4-9-10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: _____

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. Yes / No	☒ Transmission Oil & Drive Line
☒ Unit Fueled	☒ Radiator / Cooling System
☒ Air Conditioner / Heater	☒ Exhaust / Muffler
☒ Battery / Starter / Horn	☒ Front Axle / Steering
☒ Lights, Head-Tail-Turn-Stop-Emer.	☒ Suspension System
☒ Ins. Card & Accident Report Kit	☒ Spare Tire
☒ Current Registration, Plates	☒ Jack & Lug Wrench
☒ Service Brakes	☒ Tires / Wheels / Rims
☒ Parking Brakes	☒ Frame / Bumpers
☒ Windshield Wipers / Washers	☒ Coupling Devices
☒ Mirrors-Inside-Outside	☒ Trailer Electrical Connector
☒ Engine Oil, Oil Pressure	☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS: TAILGATE HANDLE BROKEN NEEDS REPAIR

INSPECTORS SIGNATURE: Chris Brinson

DATE: 4-9-10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 39680
INSPECTED BY: Chris Brin
EMP. NUMBER: 1176271

WEEK ENDING: 2/19/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned.	☒ Yes / No	☒ Transmission Oil & Drive Line
☒ Unit Fueled	☒ Yes / No	☒ Radiator / Cooling System
☒ Air Conditioner / Heater		☒ Exhaust / Muffler
☒ Battery / Starter / Horn		☒ Front Axle / Steering
☒ Lights, Head-Tail-Turn-Stop-Emer.		☒ Suspension System
☒ Ins. Card & Accident Report Kit		☒ Spare Tire
☒ Current Registration, Plates		☒ Jack & Lug Wrench
☒ Service Brakes		☒ Tires / Wheels / Rims
☒ Parking Brakes		☒ Frame / Bumpers
☒ Windshield Wipers / Washers		☒ Coupling Devices
☒ Mirrors-Inside-Outside		☒ Trailer Electrical Connector
☒ Engine Oil, Oil Pressure		☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

OKAY

INSPECTORS SIGNATURE:

Chris Brin

DATE:

2/19/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 40211
INSPECTED BY: C. Benson
EMP. NUMBER: 1176271

WEEK ENDING: 3/26/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned.	☒ Yes / No	☒ Transmission Oil & Drive Line
☒ Unit Fueled	☒ Yes / No	☒ Radiator / Cooling System
☒ Air Conditioner / Heater		☒ Exhaust / Muffler
☒ Battery / Starter / Horn		☒ Front Axle / Steering
☒ Lights, Head-Tail-Turn-Stop-Emer.		☒ Suspension System
☒ Ins. Card & Accident Report Kit		☒ Spare Tire
☒ Current Registration, Plates		☒ Jack & Lug Wrench
☒ Service Brakes		☒ Tires / Wheels / Rims
☒ Parking Brakes		☒ Frame / Bumpers
☒ Windshield Wipers / Washers		☒ Coupling Devices
☒ Mirrors-Inside-Outside		☒ Trailer Electrical Connector
☒ Engine Oil, Oil Pressure		Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

TAILGATE STILL BROKE BUT SAFE TO
DRIVE

INSPECTORS SIGNATURE:

Chet J. Benson

DATE:

3/26/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 39
INSPECTED BY: C. CRIVINSKI
EMP. NUMBER: 1176271

WEEK ENDING: 3/19/10
CURRENT JOB NO: 136880
FUEL FRONT: FULL
FUEL REAR: NA

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. ☒ Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED ☒ N

DATE 3/15/10

MILES 39,759

COMMENTS: TAILGATE BROKE NEEDS REPAIR CLOSES
BUT HAVE TO SPREAD ROD TOGETHER TO LOCK IT.

INSPECTOR'S SIGNATURE: C. Crivinski

DATE: 3/19/10



Shaw Environmental and Infrastructure, Inc

Equipment Group

WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 39711
INSPECTED BY: C. BRINSE
EMP. NUMBER: 1176271

WEEK ENDING: 2/26/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: N/A

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned.	☒ Yes / No	☒ Transmission Oil & Drive Line
☒ Unit Fueled	☐ Yes / No	☒ Radiator / Cooling System
☒ Air Conditioner / Heater		☒ Exhaust / Muffler
☒ Battery / Starter / Horn		☒ Front Axle / Steering
☒ Lights, Head-Tail-Turn-Stop-Emer.		☒ Suspension System
☒ Ins. Card & Accident Report Kit		☒ Spare Tire
☒ Current Registration, Plates		☒ Jack & Lug Wrench
☒ Service Brakes		☒ Tires / Wheels / Rims
☒ Parking Brakes		☒ Frame / Bumpers
☒ Windshield Wipers / Washers		☒ Coupling Devices
☒ Mirrors-Inside-Outside		☐ Trailer Electrical Connector
☒ Engine Oil, Oil Pressure		☐ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

INSPECTORS SIGNATURE:

Chad Brin

DATE:

2/25/10



Shaw Environmental and Infrastructure, Inc

Equipment Group

WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 44050
INSPECTED BY: C. BREKIDEN
EMP. NUMBER: 1176271

WEEK ENDING: 5/28/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

0 Unit Washed, Interior Cleaned. Yes / No
0 Unit Fueled
0 Air Conditioner / Heater
0 Battery / Starter / Horn
0 Lights, Head-Tail-Turn-Stop-Emer.
0 Ins. Card & Accident Report Kit
0 Current Registration, Plates
0 Service Brakes
0 Parking Brakes
0 Windshield Wipers / Washers
0 Mirrors-Inside-Outside
0 Engine Oil, Oil Pressure

Yes / No

0 Transmission Oil & Drive Line
0 Radiator / Cooling System
0 Exhaust / Muffler
0 Front Axle / Steering
0 Suspension System
0 Spare Tire
0 Jack & Lug Wrench
0 Tires / Wheels / Rims
0 Frame / Bumpers
0 Coupling Devices
0 Trailer Electrical Connector
0 Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

OKAY

INSPECTORS SIGNATURE:

Chad

DATE:

5/28/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 42550
INSPECTED BY: C. BREWSTER
EMP. NUMBER: 1176271

WEEK ENDING: 5/7/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. ☒ Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer-Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

Tire HAS SLOW TOOK TO SHOP
TO BE WORKED ON. 5/7/10
TAILGATE NEEDS ATTENTION!

INSPECTORS SIGNATURE:

Chris Brewster

DATE:

5/7/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 42135
INSPECTED BY: C. BRUNSEN
EMP. NUMBER: 1176271

WEEK ENDING: 4/30/10
CURRENT JOB NO: 136880
FUEL FRONT: FULL
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned.
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS: Tailgate Broken Latches By HAND
IT IS SAFE TO operate

INSPECTORS SIGNATURE:

Chris Brunsen

DATE:

4/30/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 41735
INSPECTED BY: C. B. B. 592
EMP. NUMBER: 1176271

WEEK ENDING: 4/23/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. ☒ Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

Tailgate needs to be worked on! It is
safe condition.

INSPECTORS SIGNATURE:

Chet B. B.

DATE:

4/23/10



Shaw Environmental and Infrastructure, Inc



Equipment Group

WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 47750
INSPECTED BY: C. J. BROWN
EMP. NUMBER: 1176271

WEEK ENDING: 8/6/10
CURRENT JOB NO: 136880
FUEL FRONT: _____
FUEL REAR: _____

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS: NEED TIRES - Tailgate NEEDS
A Flawless

INSPECTORS SIGNATURE: Chet Brown

DATE: 8/6/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 48950
INSPECTED BY: C. B. Jensen
EMP. NUMBER: 117627

WEEK ENDING: 9/3/10
CURRENT JOB NO: 136880
FUEL FRONT: _____
FUEL REAR: _____

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

tail gate still attached

INSPECTORS SIGNATURE: C. B. Jensen

DATE: 9/3/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 47
INSPECTED BY: C. J. Jensen
EMP. NUMBER: 1170271

WEEK ENDING: 8-20-10
CURRENT JOB NO: 136880
FUEL FRONT: 3/4 Full
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned.
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

NEED TIRES BAD

Tail gate

ATTENTION

INSPECTORS SIGNATURE:

Chris Jensen

DATE:

8-20-10



Shaw Environmental and Infrastructure, Inc



Equipment Group

WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 47490
INSPECTED BY: C. BERNSEN
EMP. NUMBER: 7176571

WEEK ENDING: 8-13-10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N/A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned.	☒ Yes / No	☒ Transmission Oil & Drive Line
☒ Unit Fueled	☒ Yes / No	☒ Radiator / Cooling System
☒ Air Conditioner / Heater		☒ Exhaust / Muffler
☒ Battery / Starter / Horn		☒ Front Axle / Steering
☒ Lights, Head-Tail-Turn-Stop-Emer.		☒ Suspension System
☒ Ins. Card & Accident Report Kit		☒ Spare Tire
☒ Current Registration, Plates		☒ Jack & Lug Wrench
☒ Service Brakes		☒ Tires / Wheels / Rims
☒ Parking Brakes		☒ Frame / Bumpers
☒ Windshield Wipers / Washers		☒ Coupling Devices
☒ Mirrors-Inside-Outside		☒ Trailer Electrical Connector
☒ Engine Oil, Oil Pressure		☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS: Need to Replace Tires -
Tailgate Needs Attention

INSPECTORS SIGNATURE: C. BERNSEN

DATE: 8/13/10



Shaw Environmental and Infrastructure, Inc



Equipment Group

WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 48217
INSPECTED BY: C. BRINSER
EMP. NUMBER: 1176291

WEEK ENDING: 8-27-10
CURRENT JOB NO: 136880
FUEL FRONT: FULL
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N/A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☐ Unit Washed, Interior Cleaned. ☒ Yes ☐ No
☐ Unit Fueled
☐ Air Conditioner / Heater
☐ Battery / Starter / Horn
☐ Lights, Head-Tail-Turn-Stop-Emer.
☐ Ins. Card & Accident Report Kit
☐ Current Registration, Plates
☐ Service Brakes
☐ Parking Brakes
☐ Windshield Wipers / Washers
☐ Mirrors-Inside-Outside
☐ Engine Oil, Oil Pressure

Yes / No

☐ Transmission Oil & Drive Line
☐ Radiator / Cooling System
☐ Exhaust / Muffler
☐ Front Axle / Steering
☐ Suspension System
☐ Spare Tire
☐ Jack & Lug Wrench
☐ Tires / Wheels / Rims
☐ Frame / Bumpers
☐ Coupling Devices
☐ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

21690K Needs Attention
New tires 8/25/10

INSPECTORS SIGNATURE:

C. Brinser

DATE:

8/27/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 49217
INSPECTED BY: C. Betts
EMP. NUMBER: 1176271

WEEK ENDING: 9/10/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☐ Unit Washed, Interior Cleaned.
☐ Unit Fueled
☐ Air Conditioner / Heater
☐ Battery / Starter / Horn
☐ Lights, Head-Tail-Turn-Stop-Emer.
☐ Ins. Card & Accident Report Kit
☐ Current Registration, Plates
☐ Service Brakes
☐ Parking Brakes
☐ Windshield Wipers / Washers
☐ Mirrors-Inside-Outside
☐ Engine Oil, Oil Pressure

Yes / No
Yes / No

☐ Transmission Oil & Drive Line
☐ Radiator / Cooling System
☐ Exhaust / Muffler
☐ Front Axle / Steering
☐ Suspension System
☐ Spare Tire
☐ Jack & Lug Wrench
☐ Tires / Wheels / Rims
☐ Frame / Bumpers
☐ Coupling Devices
☐ Trailer-Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

tailgate NEEDS ATTENTION

INSPECTORS SIGNATURE

Chet Price

DATE:

9/10/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 49666
INSPECTED BY: C. B. BUSER
EMP. NUMBER: 1176071

WEEK ENDING: 9-17-10
CURRENT JOB NO: 136880
FUEL FRONT: 3/4
FUEL REAR: 3/4

For Authorized Repairs On Donfen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N/A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

0 Unit Washed, Interior Cleaned. Yes No
0 Unit Fueled
0 Air Conditioner / Heater
0 Battery / Starter / Horn
0 Lights, Head-Tail-Turn-Stop-Emer.
0 Ins. Card & Accident Report Kit
0 Current Registration, Plates
0 Service Brakes
0 Parking Brakes
0 Windshield Wipers / Washers
0 Mirrors-Inside-Outside
0 Engine Oil, Oil Pressure

Yes / No

0 Transmission Oil & Drive Line
0 Radiator / Cooling System
0 Exhaust / Muffler
0 Front Axle / Steering
0 Suspension System
0 Spare Tire
0 Jack & Lug Wrench
0 Tires / Wheels / Rims
0 Frame / Bumpers
0 Coupling Devices
0 Trailer Electrical Connector
N Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

tailgate needs work!!

INSPECTORS SIGNATURE:

C. B. Buser

DATE:

9/17/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 50090
INSPECTED BY: CRIBANSON
EMP. NUMBER: 1176271

WEEK ENDING: 9/24/10
CURRENT JOB NO: 136880
FUEL FRONT: 12
FUEL REAR: 12

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

0 Unit Washed, Interior Cleaned. Yes / No
0 Unit Fueled
0 Air Conditioner / Heater
0 Battery / Starter / Horn
0 Lights, Head-Tail-Turn-Stop-Emer.
0 Ins. Card & Accident Report Kit
0 Current Registration, Plates
0 Service Brakes
0 Parking Brakes
0 Windshield Wipers / Washers
0 Mirrors-Inside-Outside
0 Engine Oil, Oil Pressure

Yes / No

0 Transmission Oil & Drive Line
0 Radiator / Cooling System
0 Exhaust / Muffler
0 Front Axle / Steering
0 Suspension System
0 Spare Tire
0 Jack & Lug Wrench
0 Tires / Wheels / Rims
0 Frame / Bumpers
0 Coupling Devices
0 Trailer Electrical Connector
N Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

TAILGATE NEEDS ATTENTION
Appointment 9/27/10 7:30 AM

INSPECTORS SIGNATURE: Chris Riberson

DATE: 9/24/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 30493
INSPECTED BY: C. BRENNAN
EMP. NUMBER: 1176271

WEEK ENDING: 10/1/10
CURRENT JOB NO: 136880
FUEL FRONT: FULL
FUEL REAR:

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N / A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

0 Unit Washed, Interior Cleaned. Yes / No
0 Unit Fueled
0 Air Conditioner / Heater
0 Battery / Starter / Horn
0 Lights, Head-Tail-Turn-Stop-Emer.
0 Ins. Card & Accident Report Kit
0 Current Registration, Plates
0 Service Brakes
0 Parking Brakes
0 Windshield Wipers / Washers
0 Mirrors-Inside-Outside
0 Engine Oil, Oil Pressure

Yes / No

0 Transmission Oil & Drive Line
0 Radiator / Cooling System
0 Exhaust / Muffler
0 Front Axle / Steering
0 Suspension System
0 Spare Tire
0 Jack & Lug Wrench
0 Tires / Wheels / Rims
0 Frame / Bumpers
0 Coupling Devices
0 Trailer Electrical Connector
N Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE 9/27/10

MILES 30193

COMMENTS:

Trailer NEEDS ATTENTION

INSPECTOR'S SIGNATURE:

Chad Brennan

DATE:

10/1/10



Shaw Environmental and Infrastructure, Inc

Equipment Group



WEEKLY VEHICLE INSPECTION

UNIT NO: 101408
UNIT MILES: 50758
INSPECTED BY: C. Brinson
EMP. NUMBER: 1176271

WEEK ENDING: 10/8/10
CURRENT JOB NO: 136880
FUEL FRONT: Full
FUEL REAR: Full

For Authorized Repairs On Donlen Vehicles, Call 1-800-323-1483

RETAIN THESE FORMS ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

N/A = NOT APPLICABLE

C = COMMENTS

O = OKAY

N = NEEDS ATTENTION

☒ Unit Washed, Interior Cleaned. Yes / No
☒ Unit Fueled
☒ Air Conditioner / Heater
☒ Battery / Starter / Horn
☒ Lights, Head-Tail-Turn-Stop-Emer.
☒ Ins. Card & Accident Report Kit
☒ Current Registration, Plates
☒ Service Brakes
☒ Parking Brakes
☒ Windshield Wipers / Washers
☒ Mirrors-Inside-Outside
☒ Engine Oil, Oil Pressure

Yes / No

☒ Transmission Oil & Drive Line
☒ Radiator / Cooling System
☒ Exhaust / Muffler
☒ Front Axle / Steering
☒ Suspension System
☒ Spare Tire
☒ Jack & Lug Wrench
☒ Tires / Wheels / Rims
☒ Frame / Bumpers
☒ Coupling Devices
☒ Trailer Electrical Connector
☒ Other, Please Enter Comments Below

WAS UNIT SERVICED Y / N

DATE

MILES

COMMENTS:

NEEDS TAILGATE REPAIRED

INSPECTORS SIGNATURE

C. Brinson

DATE:

10/8/10

Shaw Environmental and Infrastructure

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 7/16/10
SUPERVISOR S. Kei

SUPERVISOR

LOCATION *Radford VA.*

ITEM A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
 - 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
 - 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
 - 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

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COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

Employee Number:

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

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S. Link

WEEKLY EQUIPMENT INSPECTION

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SAT	SUN	MON	TUE	WED	THU	FRI
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John D.

16791

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

WEEK ENDING 7/2/10

S. Kei Tak

ENDING HRS. 397.0

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

LOCATION *Added/A.*

ITEM **A=ADD** **O=OKAY** **C=COMMENTS**

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
 - 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
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And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

[illegible][illegible][illegible]

		N/A	N/A	N/A	N/A	N/A	N/A	N/A
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COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Signature:

Employee Number: 1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

WEEK ENDING 7/30/10

S. Kei Tak
SUPERVISOR

ENDING HRS. 4/2.0

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

LOCATION/Cadford VA

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
- 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
- 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
- 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
- 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
- 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
- 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
- 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
- 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
- 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
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- 19 Ensure The Presence Of The Operations / Maintenance Manual.

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COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

Signature: 

Employee Number: 1196271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL..

Shaw Environmental and Infrastructure

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6/4/10

Sikriak

LOCATION *RADFORD WA.*

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
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 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
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- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

[illegible][illegible][illegible]

Abide with us, O Lord.

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

THESE SH

Employee Number: 1126271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

Shaw Environmental and Infrastructure

WEEKLY EQUIPMENT INSPECTION

WEEK ENDING 5/21/10

SUPERVISOR S. Kei

LOCATION
Goodland Vt.

Note Quantities And Kinds of Fluids Added in Space At Bottom Of Sheet

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
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- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

THESE SHE

Employee Number: 1126271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

EQUIP. NO. 55674

EQUIP. TYPE Track Hoe

ENDING HRS. 352.4



Shaw Environmental and Infrastructure

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 5/14/10

SUPERVISOR S. Kei Tox

LOCATION Capitol Hill

ITEM A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
- 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
- 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
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- 19 Ensure The Presence Of The Operations / Maintenance Manual.

REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

CRACKING CHARGED WISE STOP FROM LAST WEEK,

Signature: Chad H.

Employee Number: 1176371

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

ENDING HRS 269.2

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 4-2-10

SUPERVISOR S. Kei Tak

LOCATION Daniel's A.

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
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 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
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 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
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 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

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COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

* lei 4-2-10 Holiday

Signature:

Employee Number: 11-21-97

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

Shaw Environmental and Infrastructure

WEEK ENDING 2/12/10

SUPERVISOR S. Keirat

LOCATION *Radford VA.*

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
 - 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
 - 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
 - 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

[illegible][illegible][illegible]

		N/A	N/A	N/A	N/A
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COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

Employee Number: 1126291

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

45272

S. Kaitiaki

Entered 14

LOCATION

SAT	SUN	MON	TUE	WED	THU	FRI
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- | SAT | SUN | MON | TUE | WED | THU | FRI |
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1176277

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

Shaw Environmental and Infrastructure

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SLIPPERVISOR *S. Kei Tak*

SUPERVISOR
LOCATION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

A=ADD O=OKAY C=COMMENTS

- [illegible]

#11 NO HEADLIGHTS 4 WAYS UNDER
OFF RAIL

Employee Number: 1126327

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Sixth

LOCATION Radford VA

LOCATION Radford VA

LOCATION Radford VA

A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
- 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
- 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
- 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
- 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
- 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
- 8 Check Ground Engaging Tools, look At Cutting Edge, Teeth, Blade, Bucket, Etc.
- 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
- 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
- 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
- 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
- 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
- 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
- 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
- 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
- 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
- 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
- 19 Ensure The Presence Of The Operations / Maintenance Manual.

REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention..

Chet Brin

1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

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Shaw Environmental and Infrastructure

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SUPERVISOR *S. Keirak*

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

ITEM A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
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 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
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 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
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 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

[illegible][illegible]

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			n/a	n/a	n/a	n/a	n/a	n/a
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[illegible]

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Sheet 93. *Amn*

Employee Number: 1126241

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

149077

[illegible]

2/25/10

S. Kei Tak

LOCATION RAO FORD WA

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
- 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
- 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
- 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
- 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
- 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
- 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
- 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
- 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
- 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
- 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
- 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
- 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
- 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
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Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
- 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
- 19 Ensure The Presence Of The Operator's Manual In The Machine.

COMMENTS: Please use line number and page number to specify damage. SUPERVISOR IMMEDIATELY

increase use the number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Pickup by Heetz today 2/24/10

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Employee Number: 1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

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EQUIP. NO. 55674

EQUIP. TYPE Track H/c

ENDING HRS. 265.8



Shaw Environmental and Infrastructure



WEEK ENDING

3/26/10

SUPERVISOR

S. Keith

LOCATION

Laurel WA.

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

ITEM	A=ADD	O=OKAY	C=COMMENTS	SAT	SUN	MON	TUE	WED	THU	FRI
1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.						0	0	0	0	0
2 Check Hydraulic Oil Level, Inspect The Cap And Vent.						0	0	0	0	0
3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.						0	0	0	0	0
4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)						0	0	0	0	0
5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)						0	0	0	0	0
6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.						0	0	0	0	0
7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.						0	0	0	0	0
8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.						0	0	0	0	0
9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.						0	0	0	0	0
10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.						0	0	0	0	0
11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.						0	0	0	0	0
12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.						0	0	0	0	0
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.										
13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.										
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.										
14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.						0	0	0	0	0
15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks Or Anything Out Of The Ordinary.						0	0	0	0	0
16 Check Fuel Level, Fill Tank Prior To Beginning Operations.						0	0	0	0	0
17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links, Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.						0	0	0	0	0
18 Check Breathing Air System (If Used) Make Sure Bottle Is Full And Mask / Hose Assembly Is Clean And In Good Working Condition.						0	0	0	0	0
19 Ensure The Presence Of The Operations / Maintenance Manual.						0	0	0	0	0

REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

LINE 6 - Fuel Tank (1st Mechanic) GMS DOT Replaced 2 Hoses - one cutting
other hose BOBBLE in it replaced
Line 13 - Fuel Tank while doing WALT ABOVE

Signature:

[Signature]

Employee Number:

1176271

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Shaw Environmental and Infrastructure

ENDING HRS. 265.8

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 3/19/0

SUPERVISOR S. K. RIAK

LOCATION Baker 1/4

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
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Or Anything Out Of The Ordinary.
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 - 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
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Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

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COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

Signature: Mark Olson

Employee Number: 1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 5/22/10

SUPERVISOR: S. Kei'ak

LOCATION Redwood

ITEM A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
- 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
- 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
- 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
- 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
- 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
- 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
- 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
- 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
- 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
- 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
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- 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
- 19 Ensure The Presence Of The Operations / Maintenance Manual.

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COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

THESE SHEET

Employee Number: 1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

ENDING HRS. 3 50



Shaw Environmental and Infrastructure



WEEK ENDING 5/2/10

SUPERVISOR

LOCATION Radio 2 UA

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added in Space At Bottom Of Sheet

ITEM A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
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- 21 Check Breathing Air System (If Used) Make Sure Bottle Is Full
- 22 And Mask / Hose Assembly Is Clean And In Good Working Condition.
- 23 Ensure The Presence Of The Operations / Maintenance Manual.

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		N/A	N/A	N/A	N/A	N/A	N/A
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[illegible]

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

line 1 - wipers don't work

Signature:

John Brown

Employee Number:

12692

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

ENDING HRS. 305.4

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING

SUPERVISOR

LOCATION

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
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 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
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Or Anything Out Of The Ordinary.
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Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
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And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

[illegible][illegible][illegible]

Handwriting practice lines showing the word "viva" written multiple times in a cursive script.

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

Line 11 - wipe does not work!

Signature:

Employee Number: 1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure



WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING	SUPERVISOR	LOCATION
4/30/10	S. Kei Tak	PAO/PAO 4411

LOCATION *La Jolla, CA*

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
 - 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
 - 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
 - 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

[illegible][illegible][illegible][illegible][illegible][illegible]

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Line 11 - wipes downy wheel lights come on motor
doesn't work

Signature:

Employee Number: 1176571

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

[illegible]

WEEK ENDING 4-16-10
SUPERVISOR S. Keirak
LOCATION East Ford Hk

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

SAT	SUN	MON	TUE	WED	THU	FRI
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- [illegible]

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

Robert Brown

1176277

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

WEEK ENDING 2/6/10
SUPERVISOR S. K. P. Tak

EQUIP. TYPE TRAC HSE

ENDING HRS. 416.0

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

SUPERVISOR S. K. R. J. J.
LOCATION Easton 114

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
- 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
- 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
- 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
- 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
- 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
- 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
- 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
- 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc
- 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
- 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
- 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
- 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
- 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
- 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
- 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
- 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
- 19 Ensure The Presence Of The Operations / Maintenance Manual.

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Signature:

Employee Number: 117627

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

EQUIP. NO. 55674

EQUIP. TYPE Back Hoe

ENDING HRS. 280.8



Shaw Environmental and Infrastructure



WEEK ENDING 4-9-10

SUPERVISOR S. Kei'ha

LOCATION La0 Fee 1A.

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

ITEM A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
- 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
- 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
- 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
- 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
- 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
- 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
- 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
- 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
- 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
- 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
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- 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
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- 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
- 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
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- 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
- 19 Ensure The Presence Of The Operations / Maintenance Manual.

REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

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Signature: Shaw

Employee Number: 1176231

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

ENDING HRS. 2559

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 1/29/10
SUPERVISOR J.S. Keillor

LOCATION Kad/000 VA:

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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
 - 13 Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
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Check Grab Handles And Step Treads, Etc.
 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
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 - 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
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Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

#11 - no lights that week
#12 - no fire extinguisher

Signature: Joshua D. Smith

Employee Number: 1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

[illegible][illegible]

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[illegible]

Shaw Environmental and Infrastructure

SUPERVISOR *S. Kreitz*

Robert Van

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

A=ADD O=OKAY C=COMMENTS

- [illegible]

if any items in need of immediate attention.

THESE SHEETS

GROUP PERSONNEL.

Shaw Environmental and Infrastructure

ENDING HRS. 264.4

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 1/29/10

SUPERVISOR

LOCATION
$$\frac{Si \text{ Kaitak}}{KAO \text{ Jace} \text{ V/A.}}$$

ITEM A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
- 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
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- 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
- 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
- 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
- 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
- 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
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Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
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Check Grab Handles And Step Treads, Etc.
- 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
- 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
- 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
- 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
- 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
- 19 Ensure The Presence Of The Operations / Maintenance Manual.

[illegible][illegible][illegible][illegible]

REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Signature:

Chet Davis

Employee Number:

117679

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

EQUIP. NO. 55674

EQUIP. TYPE Track Hoist



Shaw Environmental and Infrastructure

WEEK ENDING

9/3/10

SUPERVISOR

S. Kaitak

ENDING HRS. _____

LOCATION

CAD/Depot 14,

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

ITEM A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
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- 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
- 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
- 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
- 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Built-Up Or Dirt Around Pedals, Or Any Loose Items.
- 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
- 14 Check Grab Handles And Step Treads, Etc.
- 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
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- 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinders Pins And Any Point That Is Subject To The Grease
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REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

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Signature

[Handwritten Signature]

Employee Number:

1176371

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

SUPERVISOR *S. Keitok*

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

LOCATION Radford VA

ITEM	A=ADD	O=OKAY	C=COMMENTS
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- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
 - 13 Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
 - 14 Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
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 - 16 Check Grab Handles And Step Treads, Etc.
 - 17 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
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 - 21 Check Breathing Air System (If Used) Make Sure Bottle Is Full
 - 22 And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 23 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Signature:

Employee Number: 1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

WEEKLY EQUIPMENT INSPECTION

WEEK ENDING	9/10/10
SUPERVISOR	S. Keirik
LOCATION	PAID 300 WA.

Note Quantities And Kinds of Fluids Added in Space At Bottom Of Sheet

ITEM A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
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 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Or Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
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Check Grab Handles And Step Treads, Etc.
 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
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 - 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
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And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

[illegible][illegible]

[illegible]

			N/A	N/A	N/A	N/A	N/A
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[illegible]

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

17 Jan 11 - Four more going backwards again.

Signature:

Employee Number:

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

WEEK ENDING 9-17-10

SUPERVISOR *S. Reich*

ENDING HRS. 451.8

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

LOCATION 8405e2 WA.

ITEM	A=ADD	O=OKAY	C=COMMENTS	SAT	SUN	MON	TUE	WED	THU	FRI
1			Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.			0	0	0	0	0
2			Check Hydraulic Oil Level, Inspect The Cap And Vent.			0	0	0	0	0
3			Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.			0	0	0	0	0
4			Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)			0	0	0	0	0
5			Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)			0	0	0	0	0
6			Check For Leaks Of Any Kind, I.E., Oil Or Coolant.			0	0	0	0	0
7			Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.			0	0	0	0	0
8			Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.			0	0	0	0	0
9			Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.			0	0	0	0	0
10			Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.			0	0	0	0	0
11			Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.			0	0	0	0	0
12			Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.			0	0	0	0	0

- | ITEM | A=ADD | O=OKAY | C=COMMENTS |
|------|-------|--------|---|
| 1 | | | Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc. |
| 2 | | | Check Hydraulic Oil Level, Inspect The Cap And Vent. |
| 3 | | | Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc. |
| 4 | | | Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators) |
| 5 | | | Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only) |
| 6 | | | Check For Leaks Of Any Kind, I.E., Oil Or Coolant. |
| 7 | | | Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc. |
| 8 | | | Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc. |
| 9 | | | Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc. |
| 10 | | | Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc. |
| 11 | | | Check All Gages, Lights, Controls And Backup Alarms, Horn, Etc. |
| 12 | | | Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge. |
| 13 | | | Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items. |
| 14 | | | Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks. |
| 15 | | | Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas. |
| 16 | | | Check Grab Handles And Step Treads, Etc. |
| 17 | | | Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc. |
| 18 | | | Look Under The Machine For Any Loose Or Hanging Objects, Leaks Or Anything Out Of The Ordinary. |
| 19 | | | Check Fuel Level, Fill Tank Prior To Beginning Operations. |
| 20 | | | Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links, Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points. |
| 21 | | | Check Breathing Air System (If Used) Make Sure Bottle Is Full |
| 22 | | | And Mask / Hose Assembly Is Clean And In Good Working Condition. |
| 23 | | | Ensure The Presence Of The Operations / Maintenance Manual. |
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Signature:

Employee Number:

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

ENDING HRS. 452.2

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 9/24/00

SUPERVISOR S. K. Khat

LOCATION *Cardiac CHA*

A=ADD O=OKAY C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
 - 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
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 - 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

[illegible][illegible]

[illegible][illegible][illegible]

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

SEVER 9/20/10

Signature:

Employee Number: 1126921

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

EQUIP. NO. 140072
286-05-5266

EQUIP. TYPE Backhoe (Case)



Shaw Environmental and Infrastructure

ENDING HRS. 2563

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added in Space At Bottom Of Sheet

WEEK ENDING

2/5/10

SUPERVISOR

Streibek

LOCATION

Radford VA,

- ITEM A=ADD O=OKAY C=COMMENTS
- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
 - 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
 - 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
 - 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

#11 - 100 credits week

#12 - 100 fine &c.

Signature:

Employee Number:

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

WEEKLY EQUIPMENT INSPECTION

WEEK ENDING 2/5/10
SUPERVISOR S. Keiras
LOCATION Redford VA

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

SAT	SUN	MON	TUE	WED	THU	FRI
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- [illegible]

Employee Number: 117627

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

EQUIP. NO. 226-05-5266



EQUIP. TYPE Case Backhoe

Shaw Environmental and Infrastructure



WEEK ENDING 2/12/10

SUPERVISOR S. Kei A. K.

ENDING HRS. 2565

WEEKLY EQUIPMENT INSPECTION

LOCATION Radford VA

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

ITEM	A=ADD	O=OKAY	C=COMMENTS	SAT	SUN	MON	TUE	WED	THU	FRI
1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.						0	0	0	0	
2 Check Hydraulic Oil Level, Inspect The Cap And Vent.						0	0	0	0	
3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.						0	0	0	0	
4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)						0	0	0	0	
5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)						0	0	0	0	
6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.						0	0	0	0	
7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.						0	0	0	0	
8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.						0	0	0	0	
9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.						0	0	0	0	
10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.						0	0	0	0	
11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.						0	0	0	0	
12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.						0	0	0	0	
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.										
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.										
13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.										
Check Grab Handles And Step Treads, Etc.										
14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.										
15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks Or Anything Out Of The Ordinary.										
16 Check Fuel Level, Fill Tank Prior To Beginning Operations.										
17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links, Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.										
18 Check Breathing Air System (If Used) Make Sure Bottle Is Full And Mask / Hose Assembly Is Clean And In Good Working Condition.										
19 Ensure The Presence Of The Operations / Maintenance Manual.										
REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY										

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

#11 no headlights 4 ways work
off road

Signature: Chuck B.

Employee Number: 1176571

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure



WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 2/12/10
SUPERVISOR S. Krieger
LOCATION Lab 1000 1/4

LOCATION Redwood VA.

C=COMMENTS

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
- 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
- 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
- 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
- 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
- 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
- 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
- 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
- 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
- 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
- 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
- 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
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Check Grab Handles And Step Treads, Etc.
- 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
- 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
- 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
- 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use, Consult Manual For Grease Points.
- 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
- 19 Ensure The Presence Of The Operations / Maintenance Manual.

[illegible][illegible][illegible]

Phalaena st. phalaena

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

Signature: Chait Hsini

Employee Number: 11262071

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EQUIP. NO. 55674

EQUIP. TYPE Track H/c

ENDING HRS. 265.3



Shaw Environmental and Infrastructure



WEEK ENDING 2/12/10

SUPERVISOR S. Keirick

LOCATION Good Hope W.

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

- ITEM A=ADD O=OKAY C=COMMENTS
- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
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 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
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 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.

REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY.

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

SAT	SUN	MON	TUE	WED	THU	FRI
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0

		0	0			
		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0

		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0

		0	0	0	0	0
		0	0	0	0	0
		0	0	0	0	0

Signature: Chris Johnson

Employee Number: 1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Asc 12



Shaw Environmental and Infrastructure

1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 2. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 3. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 4. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 5. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 6. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 7. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 8. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 9. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 10. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$



WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 2/25/10
SUPERVISOR S. Keita

LOCATION *Bad Ford VA.*

ITEM	A=ADD	O=OKAY	C=COMMENTS
------	-------	--------	------------

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
 - 5 Check Oil Level In Frame Joint Bearing, Consult Operators Manual. (Volvo A-40 Only)
 - 6 Check For Leaks Of Any Kind, I.E., Oil Or Coolant.
 - 7 Check Wheels, Tires, Tracks For Damage, Cuts, Pressures, Broken Links Etc.
 - 8 Check Ground Engaging Tools, Look At Cutting Edge, Teeth, Blade, Bucket, Etc.
 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Gauges, Lights, Controls And Backup Alarms, Horn, Etc.
 - 12 Inspect Operators Compartment For Cleanliness And Fire Extinguisher Charge.
Check Floor For Build-Up Of Dirt Around Pedals, Or Any Loose Items.
Inspect Seat And Seat Belts, Clean The Windows, Look For Cracks.
 - 13 Do A Walk Around Inspection For Any Obvious Signs Of Future Problem Areas.
Check Grab Handles And Step Treads, Etc.
 - 14 Check Operation Of All Systems, Boom, Bucket, Blade, Dump Bed, Etc.
 - 15 Look Under The Machine For Any Loose Or Hanging Objects, Leaks
Or Anything Out Of The Ordinary.
 - 16 Check Fuel Level, Fill Tank Prior To Beginning Operations.
 - 17 Lube All Moving Parts Such As Blade, Bucket, Stick, Connecting Links,
Equalizer Bar, Cylinder Pins And Any Point That Is Subject To The Grease
Being Pushed Or Worn Out Due To Daily Use. Consult Manual For Grease Points.
 - 18 Check Breathing Air System (If Used) Make Sure Bottle Is Full
And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

[illegible][illegible]

o	o
o	o
o	o
o	o

		N/A	N/A	N/A	N/A	N/A
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COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention.

pickup by Heitz today 2/24/10

Signature: Heath D. Brown

Employee Number: 1176271

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL.

Shaw Environmental and Infrastructure

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

WEEK ENDING 2/25/10
SUPERVISOR S. Keltak

SLIPPERY SLOPE

LOCATION *Kaffeeville*

ITEM	A=ADD	O=OKAY	C=COMMENTS
------	-------	--------	------------

- 1 Check Engine Oil Level And Engine Compartment For Debris, Engine Oil Leaks, Etc.
 - 2 Check Hydraulic Oil Level, Inspect The Cap And Vent.
 - 3 Check Radiator Coolant Level, Check Radiator Fins For Dirt, Leaves, Debris Etc.
 - 4 Check Transmission Oil Level (Dozers And Trucks) And Swing Case (Excavators)
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 - 9 Inspect Visible Hydraulic Hoses And Lines, Check For Scuffs, Leaks, Etc.
 - 10 Inspect Rops / Fops For Any Obvious Signs Of Loose Mounts, Broken Or Missing Bolts, Etc.
 - 11 Check All Guages, Lights, Controls And Backup Alarms, Horn, Etc.
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And Mask / Hose Assembly Is Clean And In Good Working Condition.
 - 19 Ensure The Presence Of The Operations / Maintenance Manual.
- REPORT ALL DAMAGE TO SUPERVISOR IMMEDIATELY**

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Signature:

Employee Number: 1126971

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

Shaw Environmental and Infrastructure

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8/13/10

S. Kei Tok

WEEKLY EQUIPMENT INSPECTION

Note Quantities And Kinds of Fluids Added In Space At Bottom Of Sheet

LOCATION *Radford VA*

WEEKLY EQUIPMENT INSPECTION

C=COMMENTS

- [illegible]

COMMENTS: Please use line number and be specific. Notify your Regional Maintenance Coordinator of any items in need of immediate attention

Employee Murabov

THESE SHEETS ARE TO BE RETAINED ON PROJECT FOR REVIEW BY EQUIPMENT GROUP PERSONNEL

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 7-24-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHRISTAL J. DEINER
STEVE KRITAK

SIGNATURE

[Signature]
[Signature]
Steve Krital

COMPANY

Shaw
Shaw
shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 9-16-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Chester J. BRASCH

SIGNATURE



COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 9-13-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
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☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID (___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

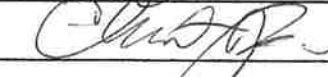
NAME

GLEN DAVIS

CHRISTOPHER J. BRINER

SIGNATURE





COMPANY

SHAW

SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 9-10-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
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| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

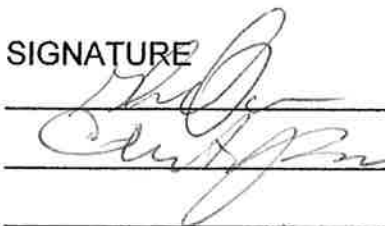
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLINDAVIS
CHRISTEN BROWN

SIGNATURE



COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 9-8-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|---|
| ☐ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
| ☐ portable tool safety and awareness | ☐ orderly site and housekeeping | ☐ no horseplay |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHESTER J. BRUSA

SIGNATURE

Glen Davis
Chester J. Brusa

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 9-3-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHRISTEN S. BROWN

SIGNATURE

[Signature]
[Signature]

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 9-2-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
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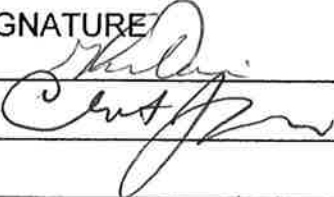
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLENDAVIS
Chester S. Benner

SIGNATURE



COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-31-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
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| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Chester J. BENDER

SIGNATURE

Glen Davis
Chris JB

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-30-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
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> 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Brinson

SIGNATURE

Glen Davis
Chester J. Brinson

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-26-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLENDAVIS
CHRISTOPHER J. BEWSE

SIGNATURE

G. Davis
Christopher J. Bewse

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-24-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Chester J. BRINSEN

SIGNATURE

[Signature]
[Signature]

COMPANY

Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-23-10

Project Number: 136880. 4BA00240

Presented by: _____

Check the Topics/Information Reviewed:

- | | | |
|---|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ n/a employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ n/a open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
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| ☐ n/a excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ n/a confined space entry |
| ☐ n/a full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester S. Benson

SIGNATURE

[Signature]
[Signature]

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-18-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|---|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
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| ☒ safety is everyone's responsibility | ☐ vibration related injuries | ☐ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☐ fire extinguisher locations | ☐ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

GLEN DAVIS

CHESTER J. BEINSEN

STEVE KRITAK

[Signature]

[Signature]

SHAW

SHAW

SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-17-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

Glen Davis

[Signature]

Shaw

Chester J. Brainer

[Signature]

Shaw

Steve Kelman

[Signature]

Shaw

Date: 8-16-10

Category	Item	Frequency	
Safety	x_safety glasses, hard hat, safety boots	1	
	x_site safety plan review and location	1	
	x_equipment and machinery familiarization	1	
	n/a_employee Right-To-Know/MSDS location	1	
	n/a_open pits, excavations, and site hazards	1	
	x_vehicle safety and driving/road conditions	1	
	x_portable tool safety and awareness	1	
	x_overhead utility locations and clearance	1	
	x_first aid, safety, and PPE location	1	
	x_sharp object, rebar, and scrap metal hazards	1	
Safety	x_safety is everyone's responsibility	1	
	n/a_latex gloves inner/nitrile gloves outer	1	
	n/a_excavation/trenching inspections/documentation	1	
	n/a_full face respirators with proper cartridges	1	
	n/a_upgrade to level c at: PID (____ eV) > ____ ppm	1	
	n/a_work stoppage at: PID (____ eV) > ____ ppm, % LEL	1	
	> 10%	1	
	Health	x_slips, trips, and falls	1
		x_directions to hospital	1
		x_anticipated visitors	1
x_electrical ground fault		1	
x_public safety and fences		1	
x_excavator swing and loading		1	
x_orderly site and housekeeping		1	
x_smoking in designated areas		1	
x_leather gloves for protection		1	
x_effects of the night before		1	
Health	x_vibration related injuries	1	
	x_fire extinguisher locations	1	
	x_eye wash station locations	1	
	x_decontamination procedures	1	
	x_flying debris hazards	1	
	n/a_confined space entry	1	
	x_refueling procedures	1	
	x_dust and vapor control	1	
	x_accidents are costly	1	
	x_backing up hazards	1	
Health	x_heat and cold stress	1	
	x_no horseplay	1	
	x_noise hazards	1	
	x_strains and sprains	1	
	x_hot work permits	1	
	x_parking and laydown	1	
	x_emergency protocol	1	
	x_daily work scope	1	
	x_daily work scope	1	
	x_daily work scope	1	

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-13-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

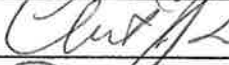
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHESTER J. BRANSEN
S. KRITAK

SIGNATURE


COMPANY

SHAW
SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-12-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Christopher J. Brown

SIGNATURE

Glen Davis
Christopher J. Brown

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-11-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester S. SPINER

SIGNATURE




COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-10-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
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| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
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| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

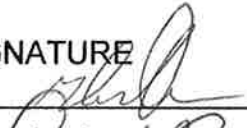
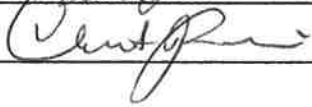
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Brown

SIGNATURE

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-9-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
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☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
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☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHRISTOPHER J. BEATSON

SIGNATURE

[Signature]
[Signature]

COMPANY

S/H/T/W
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-6-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|---|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ n/a employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ n/a open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
| ☐ portable tool safety and awareness | ☐ orderly site and housekeeping | ☐ no horseplay |
| ☐ overhead utility locations and clearance | ☐ smoking in designated areas | ☐ heat and cold stress |
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| ☐ safety is everyone's responsibility | ☐ vibration related injuries | ☐ dust and vapor control |
| ☐ n/a latex gloves inner/nitrile gloves outer | ☐ fire extinguisher locations | ☐ refueling procedures |
| ☐ n/a excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ n/a confined space entry |
| ☐ n/a full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ n/a upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ n/a work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Betts

SIGNATURE

Glen Davis
Chester J. Betts

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-5-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Chester J. BENSER

SIGNATURE

Glen Davis
Chester J. Benser

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 8-4-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
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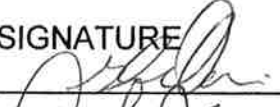
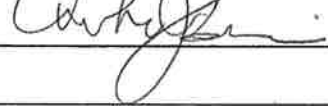
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLENN DAVIS
CHESTER STEWART

SIGNATURE

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 7-16-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

G. Davis
CHET BRINSON

SIGNATURE

[Signature]
[Signature]

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 7-15-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|---|--|---|
| ☐ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ n/a employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ n/a open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
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| ☐ n/a latex gloves inner/nitrile gloves outer | ☐ fire extinguisher locations | ☐ refueling procedures |
| ☐ n/a excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ n/a confined space entry |
| ☐ n/a full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ n/a upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ n/a work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chesta Subinssr

SIGNATURE

[Signature]
[Signature]

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Project Number: 136880.4BA00240

Check the Topics/Information Reviewed:

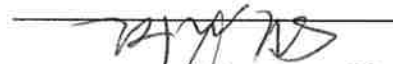
- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|--|---|--|--|---|---|--|--|--|---|--|--|---------------------------------------|---|---|---|---|---|---|--|
| ☐ safety glasses, hard hat, safety boots | ☐ site safety plan review and location | ☐ equipment and machinery familiarization | ☐ employee Right-To-Know/MSDS location | ☐ open pits, excavations, and site hazards | ☐ vehicle safety and driving/road conditions | ☐ portable tool safety and awareness | ☐ overhead utility locations and clearance | ☐ first aid, safety, and PPE location | ☐ sharp object, rebar, and scrap metal hazards | ☐ safety is everyone's responsibility | ☐ latex gloves inner/nitrile gloves outer | ☐ excavation/trenching inspections/documentation | ☐ full face respirators with proper cartridges | ☐ upgrade to level c at: PPD (☐ eV) > ☐ ppm | ☐ work stoppage at: PPD (☐ eV) > ☐ ppm, % LEL | | | | | | | | | | | | |
| ☐ slips, trips, and falls | ☐ directions to hospital | ☐ anticipated visitors | ☐ electrical ground fault | ☐ public safety and fences | ☒ excavator swing and loading | ☒ orderly site and housekeeping | ☐ smoking in designated areas | ☐ leather gloves for protection | ☐ effects of the night before | ☐ vibration related injuries | ☐ fire extinguisher locations | ☐ eye wash station locations | ☐ decontamination procedures | ☐ daily work scope | ☐ emergency protocol | ☐ parking and laydown | ☐ hot work permits | ☐ strains and sprains | ☐ noise hazards | ☐ no horseplay | ☐ heat and cold stress | ☐ backing up hazards | ☐ accidents are costly | ☐ dust and vapor control | ☐ refueling procedures | ☐ confined space entry | ☐ flying debris hazards |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME
Glen Davis
Christian J. Pearson
Skrivak

SIGNATURE


Skrivak

COMPANY
5 Shaw
Shaw
Skrivak

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 7-14-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis

SIGNATURE



COMPANY

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 7-8-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
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| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
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| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Bejar

SIGNATURE

[Signature]
[Signature]

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 7-7-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
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☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chris Baxton

SIGNATURE

Glen Davis
Chris Baxton

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 7-6-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|---|---|---|
| ☐ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ n/a employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ n/a open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
| ☐ portable tool safety and awareness | ☒ orderly site and housekeeping | ☐ no horseplay |
| ☐ overhead utility locations and clearance | ☐ smoking in designated areas | ☐ heat and cold stress |
| ☐ first aid, safety, and PPE location | ☐ leather gloves for protection | ☐ backing up hazards |
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| ☐ safety is everyone's responsibility | ☐ vibration related injuries | ☐ dust and vapor control |
| ☐ n/a latex gloves inner/nitrile gloves outer | ☐ fire extinguisher locations | ☐ refueling procedures |
| ☐ n/a excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ n/a confined space entry |
| ☐ n/a full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ n/a upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ n/a work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
<u>GLEN DAVIS</u>	<u>[Signature]</u>	<u>SHAW</u>
<u>CHET BRUCE</u>	<u>[Signature]</u>	<u>SHAW</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 7-1-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
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| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glenn Davis
Steve Krink
Chester J. Brinker

SIGNATURE

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[Signature]
[Signature]

COMPANY

Shaw
Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-30-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|---|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
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| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

Steve KRITAK

Jeff BRINSEN

SIGNATURE

[Signature]

[Signature]

[Signature]

COMPANY

SHAW

Shaw

SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-29-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

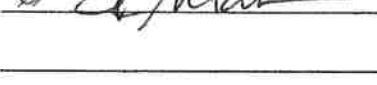
NAME

SIGNATURE

COMPANY

Glen Davis
Chester J Benson
Jeff Willebrand
Steve Krizak



Shaw
Shaw
Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-28-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
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☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Chesler S. Brinson

SIGNATURE




COMPANY

Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-25-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

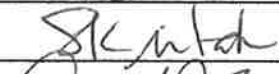
COMPANY

Glen Davis



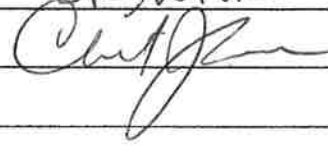
SHAW

Steve Krulik



Shaw

Chester S. Brown



Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-24-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
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☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

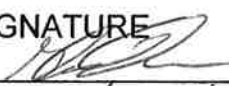
Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

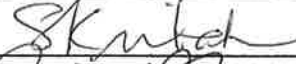
COMPANY

GLEN DAVIS



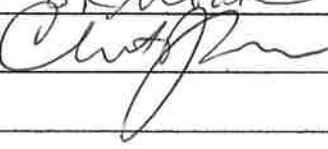
SHAW

Steve Krutak



Shaw

Chesler Subersa



Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-23-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
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☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Charter Brown
Steve CRITAK

SIGNATURE

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[Signature]
[Signature]

COMPANY

SHAW
Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-22-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☒ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☒ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☒ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☒ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☒ confined space entry |
| ☒ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☒ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☒ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis

Steve Kritak

Charles J. Branson

SIGNATURE

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COMPANY

Shaw

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-21-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHET BERNARD

SIGNATURE

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[Signature]

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-18-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots
☐ site safety plan review and location
☐ equipment and machinery familiarization
☐ n/a employee Right-To-Know/MSDS location
☐ n/a open pits, excavations, and site hazards
☐ vehicle safety and driving/road conditions
☐ portable tool safety and awareness
☐ overhead utility locations and clearance
☐ first aid, safety, and PPE location
☐ sharp object, rebar, and scrap metal hazards
☐ safety is everyone's responsibility
☐ n/a latex gloves inner/nitrile gloves outer
☐ n/a excavation/trenching inspections/documentation
☐ n/a full face respirators with proper cartridges
☐ n/a upgrade to level c at: PID (___ eV) > ___ ppm
☐ n/a work stoppage at: PID(___ eV) > ___ ppm, % LEL
> 10%

☐ slips, trips, and falls
☐ directions to hospital
☐ anticipated visitors
☐ electrical ground fault
☐ public safety and fences
☐ excavator swing and loading
☐ orderly site and housekeeping
☐ smoking in designated areas
☐ leather gloves for protection
☐ effects of the night before
☐ vibration related injuries
☐ fire extinguisher locations
☐ eye wash station locations
☐ decontamination procedures

☐ daily work scope
☐ emergency protocol
☐ parking and laydown
☐ hot work permits
☐ strains and sprains
☐ noise hazards
☐ no horseplay
☐ heat and cold stress
☐ backing up hazards
☐ accidents are costly
☐ dust and vapor control
☐ refueling procedures
☐ n/a confined space entry
☐ flying debris hazards

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

G. Davis
Steve Krut

SIGNATURE

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COMPANY

Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-17-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
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☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL		
> 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHET BRIDGER
STEVE KRITIKAL

SIGNATURE

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COMPANY

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Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-16-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
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☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

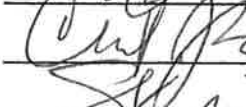
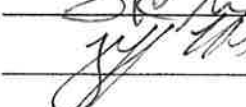
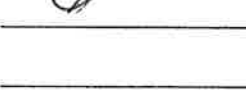
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester Silbertson
Steve Krimm
J. Hillebrand

SIGNATURE

COMPANY

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Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-15-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☐ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

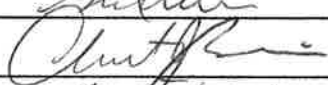
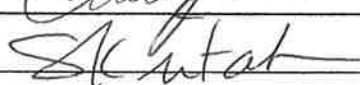
Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

GLEN DAVIS
Cheston J. Brinson
Steve Krutak

SHAW
SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-14-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester B. Betson

SIGNATURE

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COMPANY

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SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-11-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|---|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis

SIGNATURE

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COMPANY

SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-10-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

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|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
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| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chesta J. Brinson

SIGNATURE

Glen Davis
Chesta J. Brinson

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-9-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

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|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
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| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester S. BRASSA

SIGNATURE

Glen Davis
Chester S. Brass

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-8-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

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|---|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
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| ☐ open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
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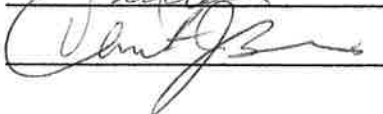
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHRISTOPHER BEINSEN

SIGNATURE

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-7-10

Project Number: 136880. 4BA00240

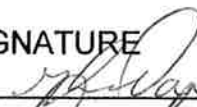
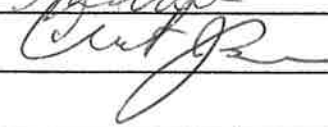
Presented by: G. Davis

Check the Topics/Information Reviewed:

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|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
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| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
Glen Davis		SHAW
Chester J. Betts		Shaw
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-4-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis

STEVE KRITAK

Charles J. Beinsse

SIGNATURE

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COMPANY

SHAW

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Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-3-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHRISTOPHER J. BRINSEN
STEVE KRITAK

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COMPANY

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SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-2-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☒ n/a employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☒ n/a open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Charles J. Brinker
Steve Kozick

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COMPANY

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Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 6-1-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Brinson
Steve Kizitak

SIGNATURE

Glen Davis
Chester J. Brinson
Steve Kizitak

COMPANY

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Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-28-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
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| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

Glen Davis
Charles J. Brown
Steve Kirtak

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Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-27-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
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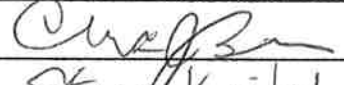
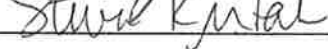
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Bransen
Steve Krutal

SIGNATURE

COMPANY

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Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-26-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHESTER J. BEINSA
STEVE KRITAK
SEFF HILBRAND

SIGNATURE






COMPANY

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11

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-25-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
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☐ upgrade to level c at: PID (___ eV) > ___ ppm		
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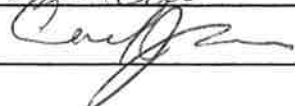
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHESTER S. BROWN

SIGNATURE

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-24-10

Project Number: 136880. 4BA00240

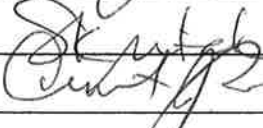
Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
Glen Davis		SHAW
STEVE KRITAK		Shaw
Chesler J. Brinson		Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-21-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

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COMPANY

GLEN DAVIS

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SHAW

CHESTER J. BREWER

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Shaw

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Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-20-10

Project Number: 136880. 4BA00240

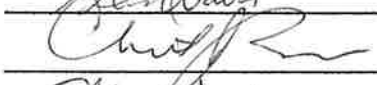
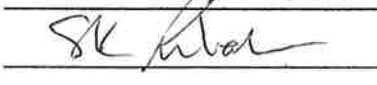
Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
GLEN DAVIS		SHAW
Chester J. Brown		Shaw
Steve Kritak		Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-19-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

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|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Rhonda J. Craigs

SIGNATURE

[Signature]
[Signature]

COMPANY

Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-18-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

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| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

STEVE KRITAK

CHESTER J. BEAN

SIGNATURE

Glen Davis

Skritak

Chester J. Bean

COMPANY

SHAW

SHAW

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-14-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☒ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☒ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
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☒ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☒ excavation/trenching inspections/documentation	☒ eye wash station locations	☒ confined space entry
☒ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☒ upgrade to level c at: PID (___ eV) > ___ ppm		
☒ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

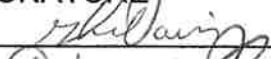
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Chester T. BRIDGES

SIGNATURE




COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-17-10

Project Number: 136880. 4BA00240

Presented by: 6 Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis

Steve Keitak

Chester J. Benson

SIGNATURE

[Signature]

[Signature]

[Signature]

COMPANY

Shaw

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-13-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
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☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
<u>GLEN DAVIS</u>	<u>[Signature]</u>	<u>SHAW</u>
<u>Steve KRITAK</u>	<u>[Signature]</u>	<u>Shaw</u>
<u>CHESTER J. BAINSON</u>	<u>[Signature]</u>	<u>SHAW</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-12-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
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☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
CHESTER J. BRINSON

SIGNATURE

Glen Davis
Chris Brinson

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-11-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
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| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL | | |
| > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
<u>Glen Davis</u>	<u>[Signature]</u>	<u>Shaw</u>
<u>Charles J. Betts</u>	<u>[Signature]</u>	<u>Shaw</u>
<u>Steve Kirtak</u>	<u>[Signature]</u>	<u>Shaw</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-10-10

Project Number: 136880. 4BA00240

Presented by: C. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
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| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Cheska J. Betts

SIGNATURE

[Signature]
[Signature]

COMPANY

Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-7-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Steve KRITIK
Chester J. BRIDGER

SIGNATURE

Glen Davis
Steve Kritik
Chester J. Bridger

COMPANY

SHAW
Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-6-10

Project Number: 136880. 4BA00240

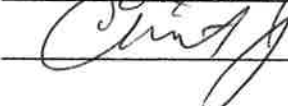
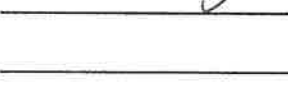
Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☒ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
Glen Davis		SHAW
J. Hillebrand		Shaw
Skutak		Shaw
Aster J. Brewer		Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-5-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|---|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ n/a employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ n/a open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
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| ☐ sharp object, rebar, and scrap metal hazards | ☐ effects of the night before | ☐ accidents are costly |
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| ☐ n/a latex gloves inner/nitrile gloves outer | ☐ fire extinguisher locations | ☐ refueling procedures |
| ☐ n/a excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ n/a confined space entry |
| ☐ n/a full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ n/a upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ n/a work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Cheston J. Betusa

SIGNATURE

[Signature]
[Signature]

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-4-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
<u>GLEN DAVIS</u>	<u>[Signature]</u>	<u>SHAW</u>
<u>Steve Krutak</u>	<u>[Signature]</u>	<u>SHAW</u>
<u>Chester J. Branson</u>	<u>[Signature]</u>	<u>Shaw</u>
_____	_____	_____
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Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 5-3-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

SIGNATURE

Glen Davis

COMPANY

SHAW

Steve Kritick

Steve Kritick

SHAW

Chester J. Brown

Chester J. Brown

SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-30-10

Project Number: 136880. 4BA00240

Presented by: E Davis

Check the Topics/Information Reviewed:

- | | | |
|---|---|---|
| ☐ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ n/a employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ n/a open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
| ☐ portable tool safety and awareness | ☐ orderly site and housekeeping | ☐ no horseplay |
| ☐ overhead utility locations and clearance | ☐ smoking in designated areas | ☐ heat and cold stress |
| ☐ first aid, safety, and PPE location | ☐ leather gloves for protection | ☐ backing up hazards |
| ☐ sharp object, rebar, and scrap metal hazards | ☐ effects of the night before | ☐ accidents are costly |
| ☐ safety is everyone's responsibility | ☐ vibration related injuries | ☐ dust and vapor control |
| ☐ n/a latex gloves inner/nitrile gloves outer | ☐ fire extinguisher locations | ☐ refueling procedures |
| ☐ n/a excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ n/a confined space entry |
| ☐ n/a full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ n/a upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ n/a work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

E-Len Davis

[Signature]

Shaw

Chasler S. Brinson

[Signature]

Shaw

Steve Krutak

[Signature]

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-29-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

SKRITAK

Chester J. Brinson

SIGNATURE

G. Davis

SKRITAK

Chester J. Brinson

COMPANY

SHAW

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-28-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
<u>GLEN DAVIS</u>	<u>[Signature]</u>	<u>SHAW</u>
<u>Steve KRITIK</u>	<u>[Signature]</u>	<u>Shaw</u>
<u>Chester J. BROWN</u>	<u>[Signature]</u>	<u>Shaw</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-27-

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

Chester J. Betts

Steve Krizan

SIGNATURE

Glen Davis

Chester J. Betts

Steve Krizan

COMPANY

SHAW

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-26-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

GLEN DAVIS

Glen Davis

SHAW

CHRISTOPHER J. BREWSTER

Chris Brewster

Shaw

STEVE KIRITAK

Steve Kiritak

SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-23-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID (___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Steve Kitalak

SIGNATURE

Glen Davis
SKitalak

COMPANY

SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Project Number: 136880. 4BA00240

Presented by: G Davis

Date: 4-22-10

Check the Topics/Information Reviewed:

- | | |
|---|---|
| ☐ _safety glasses, hard hat, safety boots | ☐ _slips, trips, and falls |
| ☐ _site safety plan review and location | ☐ _directions to hospital |
| ☐ _equipment and machinery familiarization | ☐ _anticipated visitors |
| ☐ _employee Right-To-Know/MSDS location | ☐ _electrical ground fault |
| ☐ _open pits, excavations, and site hazards | ☐ _public safety and fences |
| ☐ _vehicle safety and driving/road conditions | ☐ _excavator swing and loading |
| ☐ _portable tool safety and awareness | ☐ _orderly site and housekeeping |
| ☐ _overhead utility locations and clearance | ☐ _smoking in designated areas |
| ☐ _first aid, safety, and PPE location | ☐ _leather gloves for protection |
| ☐ _sharp object, rebar, and scrap metal hazards | ☐ _effects of the night before |
| ☐ _safety is everyone's responsibility | ☐ _vibration related injuries |
| ☐ _latex gloves inner/nitrile gloves outer | ☐ _fire extinguisher locations |
| ☐ _excavation/trenching inspections/documentation | ☐ _eye wash station locations |
| ☐ _full face respirators with proper cartridges | ☐ _decontamination procedures |
| ☐ _upgrade to level c at: PID (☐ eV) > ☐ ppm | |
| ☐ _work stoppage at: PID (☐ eV) > ☐ ppm, % LEL | |
| ☐ _ > 10% | |
-
- | | |
|--|---|
| ☐ _daily work scope | ☐ _emergency protocol |
| ☐ _parking and laydown | ☐ _hot work permits |
| ☐ _strains and sprains | ☐ _noise hazards |
| ☐ _no horseplay | ☐ _heat and cold stress |
| ☐ _backing up hazards | ☐ _accidents are costly |
| ☐ _dust and vapor control | ☐ _refueling procedures |
| ☐ _confined space entry | ☐ _flying debris hazards |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Brunsen

SIGNATURE



COMPANY

Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-20-10

Project Number: 136880. 4BA00240

Presented by: C. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☒ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☒ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☒ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☒ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☒ confined space entry |
| ☒ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☒ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☒ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
C. Davis	C. Davis	S/PW
Steve Kritak	Steve Kritak	Shaw
Jeff Hildebrand	Jeff Hildebrand	Shaw
Chester J. Bettsen	Chester J. Bettsen	Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-19-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
Glen Davis		shaw
Chester J. BEINSE		shaw
Steve Kizitak		shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-16-10

Project Number: 136880. 4BA00240

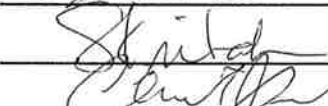
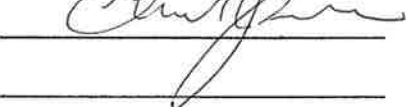
Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID (___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
GLEN DAVIS		SHAW
Steve Kritak		Shaw
Chester J. BENSON		Shaw
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-15-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID (___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

Steve Krimm

Chester J. Brinson

SIGNATURE

Glen Davis

Steve Krimm

Chester J. Brinson

COMPANY

SHAW

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-14-10

Project Number: 136880. 4BA00240

Presented by: C Davis

Check the Topics/Information Reviewed:

- | | | |
|---|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
| ☐ portable tool safety and awareness | ☐ orderly site and housekeeping | ☐ no horseplay |
| ☐ overhead utility locations and clearance | ☐ smoking in designated areas | ☐ heat and cold stress |
| ☐ first aid, safety, and PPE location | ☐ leather gloves for protection | ☐ backing up hazards |
| ☐ sharp object, rebar, and scrap metal hazards | ☐ effects of the night before | ☐ accidents are costly |
| ☐ safety is everyone's responsibility | ☐ vibration related injuries | ☐ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☐ fire extinguisher locations | ☐ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chris Brown
Steve Krizan

SIGNATURE

[Signature]
[Signature]
[Signature]

COMPANY

SHAW
Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-13-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

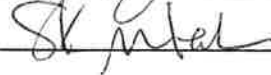
Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLINDAVIS
Alicia S. Besten
Steve Kritak

SIGNATURE





COMPANY

Shaw
Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-12-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
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☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

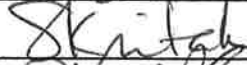
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Steve Krizak
Gaston Silberman

SIGNATURE


COMPANY

Shaw
Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-9-10

Project Number: 136880. 4BA00240

Presented by: A. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Brinson
Steve Kratak

SIGNATURE


Chester J. Brinson
Steve Kratak

COMPANY

SHAW
SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-8-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis

Chester S. Brinson

Steve Krutak

SIGNATURE

[Signature]

[Signature]

[Signature]

COMPANY

Shaw

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-7-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
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| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

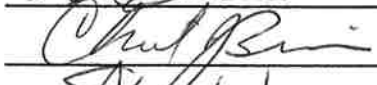
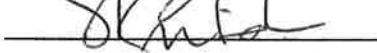
Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

GLEN DAVIS
CHESTER J. BEWSEN
Steve Kritak

SHAW
SHAW
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-6-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

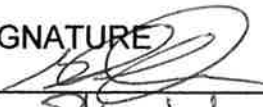
NAME

GLEN DAVIS

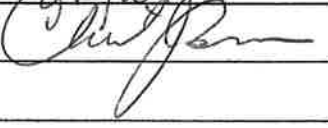
Steve KRITME

Chester J. BRINSON

SIGNATURE







COMPANY

Shaw

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-5-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
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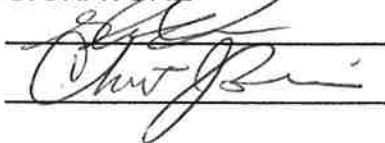
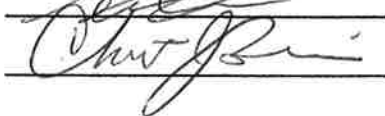
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Benson

SIGNATURE

COMPANY

Shaw
S.HAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 4-1-10

Project Number: 136880. 4BA00240

Presented by: _____

Check the Topics/Information Reviewed:

- | | | |
|---|--|--|
| ☐ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☒ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

Glen Davis
Chester J. Brinswe
Steve Krizak

[Signature]
Chris Brinswe
[Signature]

Shaw
Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-31-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
SKritak
Chester J. Bransen

SIGNATURE


SKritak
Chester J. Bransen

COMPANY

SHAW
Shaw
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-30-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Chestee J. Bennett
Steve Krizak

SIGNATURE



Chestee J. Bennett

Steve Krizak

COMPANY

Shaw

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-29-10

Project Number: 136880. 4BA00240

Presented by: C Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

CLAREN DAVIS
CHESTER J. BRUNSON
STEVE KRITAK

SIGNATURE

[Signature]
[Signature]
[Signature]

COMPANY

SHAW
SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-26-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Brinker

SIGNATURE

Glen Davis
Chester J. Brinker

COMPANY

SHAW
SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-25-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|---|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ n/a employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ n/a open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
| ☐ portable tool safety and awareness | ☐ orderly site and housekeeping | ☐ no horseplay |
| ☐ overhead utility locations and clearance | ☐ smoking in designated areas | ☐ heat and cold stress |
| ☐ first aid, safety, and PPE location | ☐ leather gloves for protection | ☐ backing up hazards |
| ☐ sharp object, rebar, and scrap metal hazards | ☐ effects of the night before | ☐ accidents are costly |
| ☐ safety is everyone's responsibility | ☐ vibration related injuries | ☐ dust and vapor control |
| ☐ n/a latex gloves inner/nitrile gloves outer | ☐ fire extinguisher locations | ☐ refueling procedures |
| ☐ n/a excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ n/a confined space entry |
| ☐ n/a full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ n/a upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ n/a work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

STEVE KRITAK

CHESTER J. BEHRE

SIGNATURE

G Davis

Kritak

Chester J. Behre

COMPANY

SHAW

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-24-10

Project Number: 136880. 4BA00240

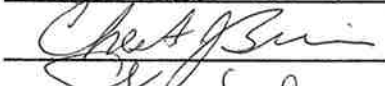
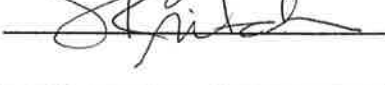
Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
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☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
GLEN DAVIS		Shaw
Chester S. Betason		Shaw
Steven Keimic		Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-23-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
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☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID (___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

GLEN DAVIS

Glen Davis

SHAW

Chester J. Betts

Chester J. Betts

SHAW

Steve Kritak

Steve Kritak

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-22-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|---|---|---|
| ☐ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ n/a employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ n/a open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
| ☐ portable tool safety and awareness | ☐ orderly site and housekeeping | ☐ no horseplay |
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| ☐ first aid, safety, and PPE location | ☐ leather gloves for protection | ☐ backing up hazards |
| ☐ sharp object, rebar, and scrap metal hazards | ☐ effects of the night before | ☐ accidents are costly |
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| ☐ n/a excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ n/a confined space entry |
| ☐ n/a full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ n/a upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ n/a work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

Chester J. Betts

STEVE KRITAK

SIGNATURE

Glen Davis

Chester J. Betts

Steve Kritak

COMPANY

SHAW

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-19-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
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| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

STEVE KRITIK

Charles J. Brown

SIGNATURE

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Chris

COMPANY

SHAW

Shaw

Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-18-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☒ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

G. Davis
Chester J. Brinson
S. Keltak
J. Hillebrand
T. Leahy
S. PARKS
B. Culbertson

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Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 3-17-10

Project Number: 136880. 4BA00240

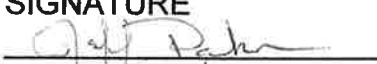
Presented by: G Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
JEFF PARKS		SHAW
STEVE KRITAK		Shaw
Tim Leedy		Shaw
CHET BEWSEN		SHAW
Jeff Niekirk		Shaw
Calvin DAVIS		SHAW

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 2-4-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☒ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☒ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
<u>Glen Davis</u>	<u>[Signature]</u>	<u>SHAW E+I</u>
<u>Chester J. BRINSON</u>	<u>[Signature]</u>	<u>SHAW E+I</u>
<u>Steve KRITAK</u>	<u>[Signature]</u>	<u>Shaw E+I</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 2-3-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
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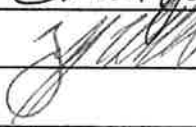
Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Chestee J. Brewer
Jeffrey Hillebrand

SIGNATURE


Chris Brown


COMPANY

SHAW E & I
Shaw E & I
Shaw E & I

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 2-2-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
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Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME	SIGNATURE	COMPANY
<u>Allen Davis</u>	<u>[Signature]</u>	<u>Shaw E&I</u>
<u>Chester J. Benson</u>	<u>[Signature]</u>	<u>Shaw E&I</u>
<u>Eric Hildebrand</u>	<u>[Signature]</u>	<u>Shaw E&I</u>
<u>Chris Crawley</u>	<u>[Signature]</u>	<u>Shaw E&I</u>
<u>Steve Keitner</u>	<u>[Signature]</u>	<u>Shaw</u>

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 2-1-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|--|---|
| ☐ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
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Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester J. Bransler

SIGNATURE

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COMPANY

SHAW E&I
SHAW E&I

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 1-29-10

Project Number: 136880. 4BA00240

Presented by: G Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
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| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS

SIGNATURE

[Signature]

COMPANY

SHAW E+I

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 1-28-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID (___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis

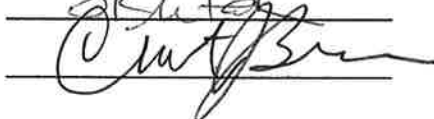
STEVE KELTAK

CHRISTOPHER J. BRENDER

SIGNATURE







COMPANY

SHAW E+I

Shaw

SHAW E+I

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 1-27-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

- | | | |
|--|---|--|
| ☒ safety glasses, hard hat, safety boots | ☒ slips, trips, and falls | ☒ daily work scope |
| ☒ site safety plan review and location | ☒ directions to hospital | ☒ emergency protocol |
| ☒ equipment and machinery familiarization | ☒ anticipated visitors | ☒ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☒ electrical ground fault | ☒ hot work permits |
| ☐ open pits, excavations, and site hazards | ☒ public safety and fences | ☒ strains and sprains |
| ☒ vehicle safety and driving/road conditions | ☒ excavator swing and loading | ☒ noise hazards |
| ☒ portable tool safety and awareness | ☒ orderly site and housekeeping | ☒ no horseplay |
| ☒ overhead utility locations and clearance | ☒ smoking in designated areas | ☒ heat and cold stress |
| ☒ first aid, safety, and PPE location | ☒ leather gloves for protection | ☒ backing up hazards |
| ☒ sharp object, rebar, and scrap metal hazards | ☒ effects of the night before | ☒ accidents are costly |
| ☒ safety is everyone's responsibility | ☒ vibration related injuries | ☒ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☒ fire extinguisher locations | ☒ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☒ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☒ decontamination procedures | ☒ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

Glen Davis
Chester S. Brunsor
Steve Keirak

SIGNATURE

[Signature]
[Signature]
[Signature]

COMPANY

SHAW E+I
Shaw E+I
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 1-26-10

Project Number: 136880. 4BA00240

Presented by: G. Davis

Check the Topics/Information Reviewed:

☒ safety glasses, hard hat, safety boots	☒ slips, trips, and falls	☒ daily work scope
☒ site safety plan review and location	☒ directions to hospital	☒ emergency protocol
☒ equipment and machinery familiarization	☒ anticipated visitors	☒ parking and laydown
☐ employee Right-To-Know/MSDS location	☒ electrical ground fault	☒ hot work permits
☐ open pits, excavations, and site hazards	☒ public safety and fences	☒ strains and sprains
☒ vehicle safety and driving/road conditions	☒ excavator swing and loading	☒ noise hazards
☒ portable tool safety and awareness	☒ orderly site and housekeeping	☒ no horseplay
☒ overhead utility locations and clearance	☒ smoking in designated areas	☒ heat and cold stress
☒ first aid, safety, and PPE location	☒ leather gloves for protection	☒ backing up hazards
☒ sharp object, rebar, and scrap metal hazards	☒ effects of the night before	☒ accidents are costly
☒ safety is everyone's responsibility	☒ vibration related injuries	☒ dust and vapor control
☐ latex gloves inner/nitrile gloves outer	☒ fire extinguisher locations	☒ refueling procedures
☐ excavation/trenching inspections/documentation	☒ eye wash station locations	☐ confined space entry
☐ full face respirators with proper cartridges	☒ decontamination procedures	☒ flying debris hazards
☐ upgrade to level c at: PID (___ eV) > ___ ppm		
☐ work stoppage at: PID(___ eV) > ___ ppm, % LEL > 10%		

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

SIGNATURE

COMPANY

GLEN DAVIS
Chester J. Betawick
Steve Krithic

[Signature]
[Signature]
[Signature]

SHAW E&I
Shaw E&I
Shaw

Daily Safety Meeting

Project Name: Radford Army Arsenal

Date: 1-25-10

Project Number: 136880. 4BA00240

Presented by: G. DAVIS

Check the Topics/Information Reviewed:

- | | | |
|--|--|---|
| ☒ safety glasses, hard hat, safety boots | ☐ slips, trips, and falls | ☐ daily work scope |
| ☐ site safety plan review and location | ☐ directions to hospital | ☐ emergency protocol |
| ☐ equipment and machinery familiarization | ☐ anticipated visitors | ☐ parking and laydown |
| ☐ employee Right-To-Know/MSDS location | ☐ electrical ground fault | ☐ hot work permits |
| ☐ open pits, excavations, and site hazards | ☐ public safety and fences | ☐ strains and sprains |
| ☐ vehicle safety and driving/road conditions | ☐ excavator swing and loading | ☐ noise hazards |
| ☐ portable tool safety and awareness | ☐ orderly site and housekeeping | ☐ no horseplay |
| ☐ overhead utility locations and clearance | ☐ smoking in designated areas | ☐ heat and cold stress |
| ☐ first aid, safety, and PPE location | ☐ leather gloves for protection | ☐ backing up hazards |
| ☐ sharp object, rebar, and scrap metal hazards | ☐ effects of the night before | ☐ accidents are costly |
| ☐ safety is everyone's responsibility | ☐ vibration related injuries | ☐ dust and vapor control |
| ☐ latex gloves inner/nitrile gloves outer | ☐ fire extinguisher locations | ☐ refueling procedures |
| ☐ excavation/trenching inspections/documentation | ☐ eye wash station locations | ☐ confined space entry |
| ☐ full face respirators with proper cartridges | ☐ decontamination procedures | ☐ flying debris hazards |
| ☐ upgrade to level c at: PID (___ eV) > ___ ppm | | |
| ☐ work stoppage at: PID (___ eV) > ___ ppm, % LEL > 10% | | |

Tasks: Excavation and load out of hazardous and non hazardous soils from the SWMU 54 area for shipment for disposal. Excavations will be completed following industry standards and company policy. Confirmatory sampling will determine when excavations are completed.

Discussion/Comments/Follow-up Actions: Follow all RFAAP safety protocols trucks will be escorted in and out of Gate 10 by Shaw personnel.

NAME

GLEN DAVIS
Chester J. Benson

SIGNATURE




COMPANY

SHAW & I
SHAW & I



JOB SAFETY ANALYSIS

DATE: 8-31-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

- ☐ Burning Goggles
☒ Other *Safety*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover

- ☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

- ☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker

- ☐ Load Chart

- ☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☐ Manual Lifting

- ☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation

- ☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

- ☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 8-30-10

JOB#: 136880

PERMIT#:

ISSUED BY: G. Davis

Location of Job

(Unit/Location on Project): SWMU 54

Required PPE:

LEVEL D

Pre-Job Preparation

1. Fill out JSA
2. Review JSA (EVERYONE)
3. Sign JSA (EVERYONE)

Safety Access/ Location

Safe Haven: Gate 10

Wind Direction: N/A

Evacuation Route:
Follow Transport Route

Assembly Point: Gate 10

Supervisor of Work: Steve Kritak

JSA Prepared By: G. Davis

Are other crews in area: NONE

New: XXXX

Revised:

Job Task

(What are You Doing)

Rockblasting area B

Audit the Job

Audit Time:

Potential HazardsSlippery terrain
Uneven ground
Truck TrafficSupervisors Comments**Recommended Action or Procedure****Follow all safety precautions, proper PPE and use of equipment****Follow all RFAAP safety rules****Follow all Shaw SOP's**

Supervisor's Initials:

Crew Name Signatures:

JSA Completed at Tailgate
Safety Meeting



JOB SAFETY ANALYSIS

DATE: 8-30-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 8-26-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Dini

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Dini</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Backfilling Areas A+B</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Slips Trips Falls uneven ground moving machinery</i>		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 8-26-10
 JOB#: 136880
 PERMIT#: *B-Dani*
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☒ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

JOB SAFETY ANALYSIS

DATE: 8-24-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Dawi

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Dawi</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Backfill Filling Part of Area A</i>		Audit the Job Audit Time:
Potential Hazards <i>Sharp Turbine falls when second moving machinery</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 8-24-
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Dwin

SUPERVISION/FOREMAN

Steve Kintab

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *rest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☐ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

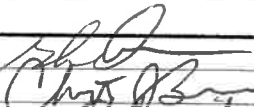
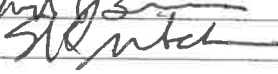
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 8-18-10
 JOB#: 136880
 PERMIT#: G. Davis
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		JSA Prepared By: G. Davis
		Are other crews in area: NONE
	New: XXXX Revised:	
Job Task (What are You Doing) Back filling		Audit the Job Audit Time:
Potential Hazards Slip tripping Uneven ground Moving Equipment		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	 	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 8-18-10
 JOB#: 136880
 PERMIT#: C. Davis
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☐ Other

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

☐ GFCI Test

☐ Assured Grounding

☐ Extension Cord Inspection

☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker

☐ Load Chart

☐ Angle

☐ Crane

☐ Chainfall

☐ Proper Rigging Practices

☒ Manual Lifting

☐ Condition of Equipment

☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

DATE: 8-17-10
JOB#: 136880
PERMIT#:
ISSUED BY: G. Davis



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 8-17-10
 JOB#: 136880
 PERMIT#: *[Signature]*
 ISSUED BY: *[Signature]*

SUPERVISION/FOREMAN

[Signature: Steve Kital]

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

- ☐ Burning Goggles
☐ Other _____

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 8-16-10
 JOB#: 136880
 PERMIT#: G. Davis
 ISSUED BY: G. Davis

Location of Job

(Unit/Location on Project): SWMU 54

Required PPE:

LEVEL D

Pre-Job Preparation

1. Fill out JSA
2. Review JSA (EVERYONE)
3. Sign JSA (EVERYONE)

Safety Access/ Location

Safe Haven: Gate 10

Wind Direction: N/A

Evacuation Route:
Follow Transport Route

Assembly Point: Gate 10

Supervisor of Work: Steve Kritak

JSA Prepared By: G. Davis

Are other crews in area: NONE

New: XXXX

Revised:

Job Task

(What are You Doing)

Load-out Non-HAZ AwarB

Audit the Job

Audit Time:

Potential Hazards

Shyia Miss Falls
 Uneven Ground
 Truck Traffic

Supervisors Comments

Recommended Action or Procedure

Follow all safety precautions, proper PPE and use of equipment

Follow all RFAAP safety rules

Follow all Shaw SOP's

Supervisor's Initials:

Crew Name Signatures:

[Signature]
 Chris Brin

JSA Completed at Tailgate
 Safety Meeting



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 8-16-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 8-13-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Load out Non-HAZ area B</i> <i>Back filling in parts of Area B</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips trips falls</i> <i>Unseen loads</i> <i>Truck traffic</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i> <i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 8-13-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kitak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

- ☐ Burning Goggles
☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

- ☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker

- ☐ Load Chart

- ☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting

- ☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 8-12-10
 JOB#: 136880
 PERMIT#: *G. Davis*
 ISSUED BY:

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location	Supervisor of Work: Steve Kritak
	Safe Haven: Gate 10	JSA Prepared By: <i>J. Davis</i>
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	Wind Direction: N/A	Are other crews in area: NONE
	Evacuation Route: Follow Transport Route	
	Assembly Point: Gate 10	New: XXXX
		Revised:
Job Task (What are You Doing)		Audit the Job Audit Time:
<i>Moving Dirt to Area B</i> <i>Moving Backfill into Holes</i> <i>in Area A</i> <i>Packageing Samples from Area B</i>		
Potential Hazards		Supervisors Comments
<i>Slips Trips Falls</i> <i>Uneven Ground</i> <i>Moving Equipment</i>		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		
Crew Name Signatures:	<i>Chris</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 8-12-10

JOB#: 136880

PERMIT#:

ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Latex*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☐ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 8-11-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Dug HAZ + took samples in Area B</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips trips falls uneven ground</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 8-11-10
 JOB#: 136880
 PERMIT#: G.Davis
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

- ☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☒ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

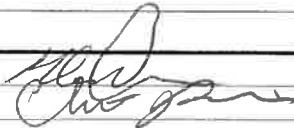
SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 8-10-10
 JOB#: 136880
 PERMIT#: G. Davis
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G. Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Loading out Non HAZ Area A		
Potential Hazards		Supervisors Comments
Slips, trips, falls		
uneven ground		
Truck Traffic		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
		
JSA Completed at Tailgate		
Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 8-10-10
 JOB#: 136880
 PERMIT#: 6 Davis
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 8-9-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G. Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Digging out Non-HAZ in Area A		
Taking Samples		
Potential Hazards		Supervisors Comments
Slips Trips Falls		
Uneven Ground		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 8-9-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintel

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other _____

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 8-6-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: <i>G. Davis</i>
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
<i>Load out of HAZ in Area A</i>		
Potential Hazards		Supervisors Comments
<i>Slips Trips Falls</i>		
<i>Uneven Ground</i>		
<i>Truck Traffic</i>		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 8-6-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kuitak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications
☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 8-5-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Loading Hay out of Area A</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Slips, Trips, Falls Uneven Ground Truck Traffic</i>		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 8-5-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kritak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 8-4-10
 JOB#: 136880
 PERMIT#: C DAVIS
 ISSUED BY:

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: <i>C Davis</i>
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
<i>Sampling</i>		
Potential Hazards		Supervisors Comments
<i>Slips, trips falls</i>		
<i>Wet weather</i>		
<i>Thunderstorm</i>		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
<i>Steve Kritak</i>		
<i>Chris B...</i>		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 8-4-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other _____

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications
☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Baricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

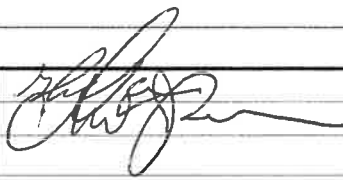
SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 7-16-10
 JOB#: 136880
 PERMIT#: G-Davis
 ISSUED BY: G-Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G-Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Digging HAZ in Area A		
Putting plastic on Pile		
Fixing Haul Road		
Potential Hazards		<u>Supervisors Comments</u>
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 7-16-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Sturkittah

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☒ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☐ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications
☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☒ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 7-15-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) Digging Nov-Hz on Area B Digging Hz from Area A Putting Drums into overpack for Disposal		Audit the Job <u>Audit Time:</u>
Potential Hazards Slips trips falls Punch Points moving Machinery		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 7-15-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kirtuk

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications
☐ Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☒ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 7-14-10
 JOB#: 136880
 PERMIT#: G DAVIS
 ISSUED BY: G DAVIS

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G. Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Digging area B Non-Haz for Disposal		
Potential Hazards		Supervisors Comments
Slip Trips Falls		
Moving Equipment		
Uneven Ground		
Possible Thunderstorms in Afternoon		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 7-14-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other _____

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications
☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

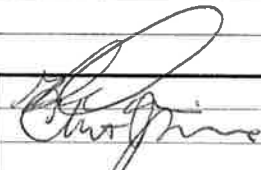
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 7-13-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location	Supervisor of Work: Steve Kritak
	Safe Haven: Gate 10	JSA Prepared By: G. Davis
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	Wind Direction: N/A	Are other crews in area: NONE
	Evacuation Route: Follow Transport Route	
	Assembly Point: Gate 10	New: XXXX
		Revised:
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Check on Area A		
Potential Hazards		<u>Supervisors Comments</u>
Slips tripping uneven ground Weather possible of thunderstorm.		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 7-13-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: C. Davis

SUPERVISION/FOREMAN

Steve Kitah

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leath*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other _____

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications
☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 7-8-10
 JOB#: 136880
 PERMIT#: *G Davis*
 ISSUED BY: *G Davis*

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Taking Samples of Non-HAZ in Area A</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Slip Trips falls Uneven Ground Moving Equipment</i>		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 7-8-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kintoh

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 7-7-10
 JOB#: 136880
 PERMIT#: *G. Davis*
 ISSUED BY: *G. Davis*

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: <i>G. Davis</i>
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
<i>Loadout of Non-HAZ</i>		
Potential Hazards		Supervisors Comments
<i>Slips Trips Falls</i>		
<i>Uneven Ground</i>		
<i>Truck Traffic</i>		
<i>Moving Equipment</i>		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
<i>[Signature]</i>		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 7-7-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Luther*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other _____

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 7-6-10
 JOB#: 136880
 PERMIT#: A. Davis
 ISSUED BY: A. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: A. Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Pre Preparation for Loadout of Area A</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Slips trips falls uneven ground</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 7-6-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Dawi

SUPERVISION/FOREMAN

Shirley Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☐ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 7-1-10
 JOB#: 136880
 PERMIT#: G. Davis
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G. Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Re Digging area A		
Potential Hazards		Supervisors Comments
Slips Trips falls		
uneven ground		
Moving Equipment		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 7-1-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kitchin

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

JOB SAFETY ANALYSIS

DATE: 8-23-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Load-out Non-HAZ</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips Trips Falls Uneven Ground Truck Traffic</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 8-23-10

JOB#: 136880

PERMIT#:

ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

- ☐ Burning Goggles
☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

- ☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-30-10
 JOB#: 136880
 PERMIT#: G. Davi
 ISSUED BY:

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davi</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Re dig area A</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips, trips falls uneven ground moving equipment</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 6-30-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: *[Signature]*

SUPERVISION/FOREMAN

[Signature: Steve Kintok]

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover

- ☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

- ☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-29-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>M. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Taking Reading to find areas of sampling</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Slips, trips falls uneven ground moving equipment</i>		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 6-29-10
 JOB#: 136880
 PERMIT#: *G. Shaw*
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kintish

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Luthe*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☒ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☒ Others Working Overhead
☒ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-28-10
 JOB#: 136880
 PERMIT#: 6 Davis
 ISSUED BY:

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>preparing Area A for a Re-Dug</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Slips falls Trips uneven ground moving equipment</i>		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 6-28-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other
☐ Forklift
☐ Cherry Picker

LIFTING

- ☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-25-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Back fill in Area B</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Slips trips falls uneven ground moving equipment truck traffic</i>		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-25-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☒ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

☐ GFCI Test

☐ Assured Grounding

☐ Extension Cord Inspection

☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker

☐ Load Chart

☐ Angle

☐ Crane

☐ Chainfall

☐ Proper Rigging Practices

☐ Manual Lifting

☒ Condition of Equipment

☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☐ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

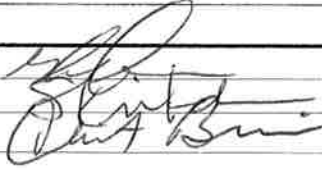
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-24-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Back filling area A		
Potential Hazards		Supervisors Comments
Slips, Trips, Falls		
Uneven Ground		
moving Machinery		
Truck Traffic		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-24-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kutak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☐ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

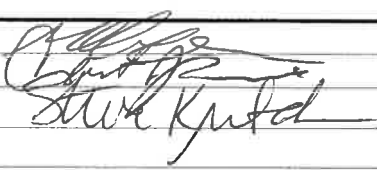
SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-23-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Backfill area A</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips trips falls</i> <i>uneven ground</i> <i>moving equipment</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 6-23-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Shue Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other *cost*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications
☐ Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☒ Manlift
☒ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-22-10
 JOB#: 136880
 PERMIT#: G Davis
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		JSA Prepared By: <i>G Davis</i>
		Are other crews in area: NONE
	New: XXXX Revised:	
Job Task (What are You Doing) <i>Backlog of Area A on site 54</i>		Audit the Job Audit Time:
Potential Hazards <i>Slip Trip Falls</i> <i>uneven ground</i> <i>Moving Equipment</i> <i>Truck traffic</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures: JSA Completed at Tailgate Safety Meeting	<i>[Signature]</i> <i>[Signature]</i>	



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-22-10
 JOB#: 136880
 PERMIT#: *G. Davis*
 ISSUED BY: *G. Davis*

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☒ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

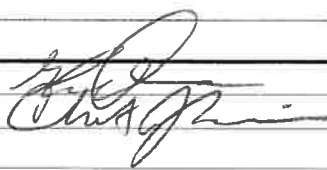
SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-21-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Back filling of Area 54		
Potential Hazards		Supervisors Comments
Slips, trips, falls		
Heat Stress		
Truck traffic		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
		
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-21-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other _____

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-18-10
 JOB#: 136880
 PERMIT#: G DAVIS
 ISSUED BY: G DAVIS

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G DAVIS</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		New: XXXX Revised:
Job Task (What are You Doing) <i>Back-fill in Area A</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips Trips Falls Uneven Ground Truck Traffic</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 6-18-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kaitah

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other
☐ Forklift
☐ Cherry Picker

LIFTING

- ☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-17-10
 JOB#: 136880
 PERMIT#: *G Davis*
 ISSUED BY:

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Put Soil in Area 54 for Back fill</i>		Audit the Job Audit Time:
Potential Hazards <i>uneven ground Truck Traffic</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>Steve Kritak</i> <i>G Davis</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-17-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kuntak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

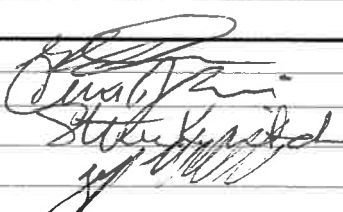
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-16-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		JSA Prepared By: G. Davis
		Are other crews in area: NONE
		New: XXXX Revised:
Job Task (What are You Doing) Taking Samples in Area B Dozer due to come IN		Audit the Job Audit Time:
Potential Hazards Slips, trips falls Uneven Ground		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 6-16-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: C. Davis

SUPERVISION/FOREMAN

Steve Krutak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other
☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

LIFTING

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-15-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Sampling on Area B</i>		Audit the Job Audit Time:
Potential Hazards <i>Sharp trip falls</i> <i>Uneven Ground</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>G Davis</i> <i>Steve Kritak</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-15-10
 JOB#: 136880
 PERMIT#: G Davis
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-14-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		New: XXXX Revised:
Job Task (What are You Doing)		Audit the Job Audit Time:
<i>Taking samples area B</i> <i>Putting soil in wash-out area</i> <i>Seeding in wash-out area</i>		
Potential Hazards		Supervisors Comments
<i>uneven ground</i> <i>Heat stress</i>		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-14-10
 JOB#: 136880
 PERMIT#: *6 Dan*
 ISSUED BY: *6 Dan*

SUPERVISION/FOREMAN

Steve Kintal

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other _____

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other _____

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☒ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-11-10
 JOB#: 136880
 PERMIT#: G.Davis
 ISSUED BY:

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G.Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		New: XXXX Revised:
Job Task (What are You Doing) <i>Load-out Mn. HAZ Area B</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Uneven Ground Truck Traffic</i>		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-11-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-10-10
 JOB#: 136880
 PERMIT#: G. Davis
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Load-out of Area B</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips, trips, falls. Truck Traffic Uneven ground</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-10-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-9-10
 JOB#: 136880
 PERMIT#: G. Davis
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		JSA Prepared By: <i>G. Davis</i>
		Are other crews in area: NONE
	New: XXXX Revised:	
Job Task (What are You Doing) <i>Load-out of Non HAZ Area B</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips, trips, falls</i> <i>Truck Traffic</i> <i>Uneven Ground</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i> <i>Chris Jones</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-9-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kuitak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-8-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Load-out of Area B</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips, Trips, Falls Unseen Ground Truck Traffic Ground Personnel</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>Chris Brown</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-8-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-7-10
 JOB#: 136880
 PERMIT#: G Davis
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Loadout Non-Haz Area B</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips trips falls uneven ground Truck Traffic Ground Personnel</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-7-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Dawin

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other _____

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☒ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-4-10
 JOB#: 136880
 PERMIT#: *G. Davis*
 ISSUED BY: *G. Davis*

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: <i>G. Davis</i>
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
<i>Load-out of Area B</i>		
Potential Hazards		Supervisors Comments
<i>Slips Trips Falls.</i>		
<i>Wet Weather</i>		
<i>uneven Ground</i>		
<i>Truck Traffic</i>		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:	<i>Steve Kritak</i>	
JSA Completed at Tailgate Safety Meeting	<i>Chris</i>	



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-4-10
 JOB#: 136880
 PERMIT#: 6. Davis
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kitak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-3-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G. Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Loadout of Area B		
Potential Hazards		Supervisors Comments
Wet Conditions		
uneven ground		
Truck Traffic		
ground Personnel		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-3-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☒ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-2-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Load out of Area B</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Fog in Area Truck Traffic uneven ground Personnel on Board</i>		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting	<i>[Signature]</i>	



JOB SAFETY ANALYSIS

DATE: 6-2-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Krutak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

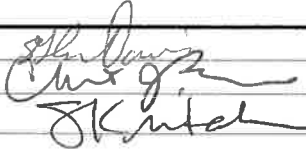
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 6-1-10
 JOB#: 136880
 PERMIT#: G. Davis
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G. Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Road-out of Area B in 54		
Potential Hazards		Supervisors Comments
Slips, trips, falls.		
Heat stress		
Truck Traffic		
Personnel on Road		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 6-1-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kuitak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-11-10
 JOB#: 136880
 PERMIT#: 6 Davis
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kaitak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
- ☐ Cold Work
- ☐ Hot Work
- ☐ Entry Permit
- ☐ All Conditions Met
- ☐ Signed Off When Complete
- ☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
- ☐ Composition of Gloves
- ☐ Special Purpose Gloves
- ☐ Tyvek Suit
- ☐ Acid Suit /Slicker Suit
- ☐ Rubber Boots
- ☐ Mono Goggles (vented/non-vented)
- ☐ Face Shield
- ☐ Respirator
- ☐ Fresh Air
- ☐ Ear Protection
- ☐ Safety Harness

- ☐ Burning Goggles
- ☒ Other *vest*

TOOLS

- ☐ Current Inspection
- ☐ Proper Tools for the Job
- ☐ Good Tool Condition
- ☐ Qualifications
- ☐ Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
- ☐ Safety Shower
- ☐ Evacuation Route
- ☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
- ☐ Ladder (Tied off)
- ☐ Manlift
- ☐ Personnel Basket (inspected & approved)
- ☒ Operator Training
- ☐ Special Provisions
- ☐ Other

WELDING

- ☐ Flashburns
- ☐ Combustibles
- ☐ Spark Containment
- ☐ Shields
- ☐ Grounding
- ☐ Water Hose
- ☐ Fire Extinguisher
- ☐ Fire Blanket
- ☐ Fire Watch
- ☐ Sewer Covers
- ☐ Other

OVERHEAD WORK

- ☐ Barricades
- ☐ Signs
- ☐ Hole Cover
- ☐ Handrail
- ☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
- ☐ Try Start/Stop Switch
- ☐ GFCI Test
- ☐ Assured Grounding
- ☐ Extension Cord Inspection
- ☐ Other

LIFTING

- ☐ Forklift
- ☐ Cherry Picker
- ☐ Load Chart
- ☐ Angle
- ☐ Crane
- ☐ Chainfall
- ☐ Proper Rigging Practices
- ☒ Manual Lifting
- ☐ Condition of Equipment
- ☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
- ☐ Heat Stress
- ☐ Heavy Objects
- ☐ Hot/Cold Surf. Or Mat.
- ☐ Inadequate Lighting
- ☐ Line Breaking
- ☒ Noise
- ☐ Poor Access/Egress
- ☐ Sharp Objects
- ☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
- ☐ Flammable
- ☐ Ingestion
- ☐ Inhalation
- ☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
- ☒ Pinch Points
- ☒ Slip-Trip Potential
- ☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
- ☐ Type Work Others Doing
- ☐ PPE Due to Other Work
- ☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-10-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: C. Owen

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location	Supervisor of Work: Steve Kritak
	Safe Haven: Gate 10	JSA Prepared By: C. Owen
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	Wind Direction: N/A	Are other crews in area: NONE
	Evacuation Route: Follow Transport Route	
	Assembly Point: Gate 10	New: XXXX Revised:
Job Task (What are You Doing) <i>Load out of HAZ area B</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips trips falls uneven ground Truck traffic</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 5-10-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G-Dave

SUPERVISION/FOREMAN

Steve Krutak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other _____

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☒ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-7-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Fix Haul Road</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips, trips falls Pinch point Truck Traffic</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting	<i>[Signature]</i>	



JOB SAFETY ANALYSIS

DATE: 5-7-10
 JOB#: 136880
 PERMIT#: G-DAVIS
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other _____

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-6-10
 JOB#: 136880
 PERMIT#: G Davis
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Sampling & Loadout of soil from area B		
Potential Hazards		Supervisors Comments
uneven ground		
open excavation		
truck traffic		
Personnel on ground		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 5-6-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kirtak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☒ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☐ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-5-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job

(Unit/Location on Project): SWMU 54

Required PPE:

LEVEL D

Pre-Job Preparation

1. Fill out JSA
2. Review JSA (EVERYONE)
3. Sign JSA (EVERYONE)

Safety Access/ Location

Safe Haven: Gate 10

Wind Direction: N/A

Evacuation Route:
Follow Transport Route

Assembly Point: Gate 10

Supervisor of Work: Steve Kritak

JSA Prepared By: G Davis

Are other crews in area: NONE

New: XXXX

Revised:

Job Task

(What are You Doing)

Loadout area B in non-1A3

Audit the Job

Audit Time:

Potential Hazards

Slips trips falls
 Uneven Ground
 Truck Traffic

Supervisors Comments

Recommended Action or Procedure

Follow all safety precautions, proper PPE and use of equipment

Follow all RFAAP safety rules

Follow all Shaw SOP's

Supervisor's Initials:

Crew Name Signatures:

[Signature]

JSA Completed at Tailgate
 Safety Meeting



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-5-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kintok

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other _____

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

JOB SAFETY ANALYSIS

DATE: 5-4-10
 JOB#: 136880
 PERMIT#: *G Davis*
 ISSUED BY: *G Davis*

Location of Job (Unit/Location on Project): SWMU 54								
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G Davis</i> Are other crews in area: NONE						
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	<table border="1"> <tr> <td>New:</td> <td>XXXX</td> <td></td> </tr> <tr> <td>Revised:</td> <td></td> <td></td> </tr> </table>	New:	XXXX		Revised:			
New:	XXXX							
Revised:								
Job Task (What are You Doing) <i>Load out of Area B at site 54</i>		Audit the Job Audit Time:						
Potential Hazards <i>Slips, trips falls</i> <i>uneven ground</i> <i>truck traffic</i> <i>Personnel on ground</i>		Supervisors Comments						
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:						
Crew Name Signatures:	<i>[Signature]</i>							
JSA Completed at Tailgate Safety Meeting	<i>[Signature]</i>							



JOB SAFETY ANALYSIS

DATE: 5-4-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kuitak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

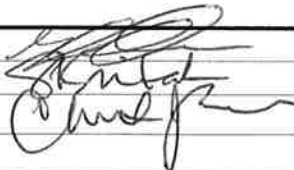
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-3-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) Load out of Area 54		Audit the Job Audit Time:
Potential Hazards Slips, trips falls wet conditions Truck traffic		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 5-3-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Krutak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other _____

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

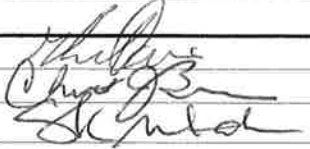
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-28-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		New: XXXX Revised:
Job Task (What are You Doing) Putting Haz Labels on Barrels Putting fuel in Excavator		Audit the Job Audit Time:
Potential Hazards Slips Trips falls Unseen Movement Lifting		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-28-10
 JOB#: 136820
 PERMIT#: G Davis
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Krutak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☒ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

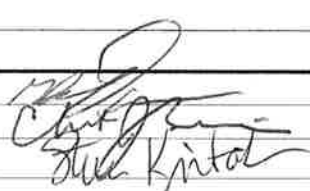
SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-27-10
 JOB#: 136880
 PERMIT#: G. Davis
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G. Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Loaded out of Non-14A2 Area B		
Potential Hazards		<u>Supervisors Comments</u>
Slippery terrain, falls		
Truck Traffic		
Personnel on ground		
Unlevel ground		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-27-10

JOB#: 136880

PERMIT#:

ISSUED BY: *G. Davis*

SUPERVISION/FOREMAN

Steve Kuitak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☒ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-26-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location	Supervisor of Work: Steve Kritak
	Safe Haven: Gate 10	JSA Prepared By: G Davis
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	Wind Direction: N/A	Are other crews in area: NONE
	Evacuation Route: Follow Transport Route	
	Assembly Point: Gate 10	New: XXXX Revised:
Job Task (What are You Doing) Loadout Non-HAZ Area A		Audit the Job Audit Time:
Potential Hazards Slips, Trips, Falls Truck Traffic Personnel off Ground		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures: JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 5-26-10

JOB#: 136880

PERMIT#:

ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☒ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Baricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-25-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Loadout of Area A</i>		Audit the Job Audit Time:
Potential Hazards <i>Slip, Trip, Falls Wet Weather Truck Traffic Personnel on Ground</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 5-25-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kirtak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Baricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-24-10
 JOB#: 136880
 PERMIT#: G Davis
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Loadout of Non-HAZ Area A at Silo 54</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Slips, Trips, Falls uneven ground Truck Traffic Moving Equipment</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i> <i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-24-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☒ Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Baricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☒ Other *weather*

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-21-10
 JOB#: 136880
 PERMIT#: G.Davi
 ISSUED BY: G.Davi

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G.Davi Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Load out of NON HAZ in area A</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips Trips Falls Truck Traffic Ground Personnel</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-21-10
 JOB#: 136880
 PERMIT#: *G. Davis*
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kintok

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Baricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-20-10
 JOB#: 136880
 PERMIT#: G Davis
 ISSUED BY:

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Loadout of Area A Non-Haz.</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips, Trips + Falls uneven ground Truck Traffic ground personnel</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i> <i>Chris</i> <i>St. Michael</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 5-20-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☒ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☒ Other *H*

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-19-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location	Supervisor of Work: Steve Kritak
	Safe Haven: Gate 10	JSA Prepared By: <i>G. Davis</i>
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	Wind Direction: N/A	Are other crews in area: NONE
	Evacuation Route: Follow Transport Route	
	Assembly Point: Gate 10	New: XXXX Revised:
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
<i>Location of Area 54</i> <i>Non-HAZ Area A</i>		
Potential Hazards		<u>Supervisors Comments</u>
<i>Slips trips falls</i> <i>Truck Traffic</i> <i>Personnel of ground</i>		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate		
Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-19-70

JOB#: 136850

PERMIT#: 6-Dave

ISSUED BY:

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *Vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Shin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-18-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G. Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Moving Dirt in Area A for Loadout</i>		Audit the Job <u>Audit Time:</u>
Potential Hazards <i>Slipper Trips, Falls. Wet Weather uneven Ground</i>		<u>Supervisors Comments</u>
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>G. Davis</i> <i>Steve Kritak</i> <i>Chris Brown</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 5-18-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Krutak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☒ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other _____

TOOLS

- ☒ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications
☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Baricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 5-14-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: <i>G Davis</i> Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:	
Job Task (What are You Doing) <i>Load out of Haz from Area B</i> <i>Load out of Non Haz from Area A</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips, Trips, Falls</i> <i>wet uneven ground</i> <i>look out for possible Thunder Storm</i> <i>ground personnel and Moving Equipment</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-14-10
 JOB#: 136880
 PERMIT#: *G Davis*
 ISSUED BY:

SUPERVISION/FOREMAN

Steve Kuitak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☒ Other *weather*

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

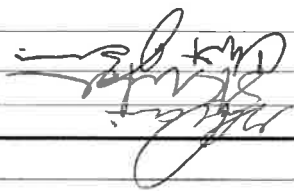
Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

DATE: 5-17-10
 JOB#: 136880
 PERMIT#: 6-Dam
 ISSUED BY: 6-Dam

JOB SAFETY ANALYSIS

Location of Job (Unit/Location on Project): SWMU 54		Required PPE:		LEVEL D		Pre-Job Preparation		1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safety Access/ Location		Safe Haven: Gate 10		Wind Direction: N/A		Evacuation Route: Follow Transport Route		Assembly Point: Gate 10	
Supervisor of Work: Steve Kritak		JSA Prepared By: 6-Dam		Are other crews in area: NONE		New: XXXX		Revised:	
Audit the Job Audit Time:		Job Task (What are You Doing)		Check on Area 54 and check equipment Steve, Aug 10 Steven Givens Scott Walker		Potential Hazards		Supervisors Comments	
Supervisor's Initials:		Recommended Action or Procedure		Follow all safety precautions, proper PPE and use of equipment Follow all RFARP safety rules Follow all Shaw SOP's		Crew Name Signatures:		JSA Completed at Tailgate Safety Meeting 	



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-17-10
JOB#: 136882
PERMIT#: 6
ISSUED BY: C. Davis

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- Required
- Cold Work
- Hot Work
- Entry Permit
- All Conditions Met
- Signed Off When Complete
- Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- Type of Gloves *Leather*
- Composition of Gloves
- Special Purpose Gloves
- Tyvek Suit
- Acid Suit / Slicker Suit
- Rubber Boots
- Mono Goggles (vented/non-vented)
- Face Shield
- Respirator
- Fresh Air
- Ear Protection
- Safety Harness
- Burning Goggles
- Other

TOOLS

- Current Inspection
- Proper Tools for the Job
- Good Tool Condition
- Qualifications
- Other

EMERGENCY EQUIPMENT

- Fire Extinguishers
- Safety Shower
- Evacuation Route
- Other
- ACCESS
- Scaffold (properly inspected)
- Ladder (Tied off)
- Manlift
- Personnel Basket (inspected & approved)
- Operator Training
- Special Provisions
- Other

WELDING

- Flashburns
- Combustibles
- Spark Containment
- Shields
- Grounding
- Water Hose
- Fire Extinguisher
- Fire Blanket
- Fire Watch
- Sewer Covers
- Other

OVERHEAD WORK

- Barricades
- Signs
- Hole Cover
- Handrail
- Other

ELECTRICAL

- Locked & Tagged out
- Try Start/Stop Switch
- GFCI Test
- Assured Grounding
- Extension Cord Inspection
- Other
- LIFTING
- Forklift
- Cherry Picker
- Load Chart
- Angle
- Crane
- Chainfall
- Proper Rigging Practices
- Manual Lifting
- Condition of Equipment
- Operator Certificate

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

- Others Working Overhead
- Type Work Others Doing
- PPE Due to Other Work
- Other

HAZARDS/BODY

- Fall Potential ☒
- Pinch Points ☒
- Slip-Trip Potential ☒
- Other

HAZARDS/CHEMICALS

- Chemical Burn Skin/Eyes
- Flammable
- Ingestion
- Inhalation
- Skin Contamination

HAZARDS (ENVIRONMENTAL)

- Electrical Shock
- Heat Stress
- Heavy Objects
- Hot/Cold Surf. Or Mat.
- Inadequate Lighting
- Line Breaking
- Noise
- Poor Access/Egress
- Sharp Objects
- Other *w/ water*



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-13-10
JOB#: 136880
PERMIT#: G-2000
ISSUED BY: G-2000

Location of Job		(Unit/Location on Project): SWMU 54	
LEVEL D		Required PPE:	
Pre-Job Preparation		1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safe Haven: Gate 10		Wind Direction: N/A	
Evacuation Route:		Follow Transport Route	
Assembly Point: Gate 10		Revised:	
New: XXXX		Are other crews in area: NONE	
JSA Prepared By: C. Dean		Supervisor of Work: Steve Kritik	
Safety Access/ Location		Job Task	
(What are You Doing)		Check on 2.5-4 Level out of area is	
Potential Hazards		Blow by traffic Push traffic Inbound on road	
Recommended Action or Procedure		Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's	
Supervisors Comments		Crew Name Signatures:	
Supervisor's Initials:		JSA Completed at Tailgate Safety Meeting	



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-13-10
JOB#: 136882
PERMIT#: 6-100
ISSUED BY: C. Dean

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required _____
Cold Work _____
Hot Work _____
Entry Permit _____
All Conditions Met _____
Signed Off When Complete _____
Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves _____
Composition of Gloves _____
Special Purpose Gloves _____
Tyvek Suit _____
Acid Suit /Slicker Suit _____
Rubber Boots _____
Mono Goggles (vented/non-vented) _____
Face Shield _____
Respirator _____
Fresh Air _____
Ear Protection _____
Safety Harness _____

TOOLS

Current Inspection _____
Proper Tools for the Job _____
Good Tool Condition _____
Qualifications _____

EMERGENCY EQUIPMENT

Other _____
Fire Extinguishers _____
Safety Shower _____
Evacuation Route _____
Other _____
ACCESS _____
Scaffold (properly inspected) _____
Ladder (Tied off) _____
Manlift _____
Personnel Basket (inspected & approved) _____
Operator Training _____
Special Provisions _____
Other _____

WELDING

Flashburns _____

Combustibles _____

Spark Containment _____

Shields _____

Grounding _____

Water Hose _____

Fire Extinguisher _____

Fire Blanket _____

Fire Watch _____

Sewer Covers _____

Other _____

OVERHEAD WORK

Barricades _____

Signs _____

Hole Cover _____

Handrail _____

Other _____

ELECTRICAL

Locked & Tagged out _____

Try Start/Stop Switch _____

GFCI Test _____

Assured Grounding _____

Extension Cord Inspection _____

Other _____

LIFTING

Forklift _____

Cherry Picker _____

Load Chart _____

Angle _____

Crane _____

Chainfall _____

Proper Rigging Practices _____

Manual Lifting _____

Condition of Equipment _____

Operator Certificate _____

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summon help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

Others Working Overhead _____
Type Work Others Doing _____
PPE Due to Other Work _____
Other _____

HAZARDS/BODY

Skin Contamination _____
Foil Potential _____
Pinch Points _____
Slip-Trip Potential _____

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes _____
Flammable _____
Ingestion _____
Inhalation _____

HAZARDS (ENVIRONMENTAL)

Electrical Shock _____
Heat Stress _____
Heavy Objects _____
Hot/Cold Surf. Or Mat. _____
Inadequate Lighting _____
Line Breaking _____
Noise _____
Poor Access/Egress _____
Sharp Objects _____
Other _____

JOB SAFETY ANALYSIS

DATE: 5-12-10
JOB#: 13688
PERMIT#:
ISSUED BY: C. Davis

Location of Job (Unit/Location on Project): WMU 54		LEVEL D		Required PPE:		Pre-Job Preparation		1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		Supervisor of Work: Steve Kritak JSA Prepared By: G Davis Are other crews in area: NONE New: XXXX Revised:		Audit the Job Audit Time:		Supervisors Comments		Supervisor's Initials:			
Job Task (What are You Doing) Load out of HAZ in Area B on site 54												Potential Hazards High Voltage Moving Equipment Trunk Traffic Movement of Heavy		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Crew Name Signatures: JSA Completed at Tailgate Safety Meeting		[Signature] [Signature]			



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 5-12-10
JOB#: 136880
PERMIT#: 6000
ISSUED BY: G. Oum

SUPERVISION/FOREMAN

Steve Kintle

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
- ☐ Cold Work
- ☐ Hot Work
- ☐ Entry Permit
- ☐ All Conditions Met
- ☐ Signed Off When Complete
- ☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
- ☐ Composition of Gloves
- ☐ Special Purpose Gloves
- ☐ Tyvek Suit
- ☐ Acid Suit /Slicker Suit
- ☐ Rubber Boots
- ☐ Mono Goggles (vented/non-vented)
- ☐ Face Shield
- ☐ Respirator
- ☐ Fresh Air
- ☐ Ear Protection
- ☐ Safety Harness
- ☒ Burning Goggles *Weld*
- ☐ Other

TOOLS

- ☐ Current Inspection
- ☐ Proper Tools for the Job
- ☐ Good Tool Condition
- ☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☐ Fire Extinguishers
- ☐ Safety Shower
- ☐ Evacuation Route
- ☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
- ☐ Ladder (Tied off)
- ☐ Manlift
- ☐ Personnel Basket (inspected & approved)
- ☒ Operator Training
- ☐ Special Provisions
- ☐ Other

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

WELDING

- ☐ Flashburns
- ☐ Combustibles
- ☐ Spark Containment
- ☐ Shields
- ☐ Grounding
- ☐ Water Hose
- ☐ Fire Extinguisher
- ☐ Fire Blanket
- ☐ Fire Watch
- ☐ Sewer Covers
- ☐ Other

OVERHEAD WORK

- ☐ Barricades
- ☐ Signs
- ☐ Hole Cover
- ☐ Handrail
- ☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
- ☐ Try Start/Stop Switch
- ☐ GFCI Test
- ☐ Assured Grounding
- ☐ Extension Cord Inspection
- ☐ Other

LIFTING

- ☐ Forklift
- ☐ Cherry Picker

Load Chart

- ☐ Angle
- ☐ Crane
- ☐ Chainfall
- ☒ Proper Rigging Practices
- ☒ Manual Lifting
- ☐ Condition of Equipment
- ☐ Operator Certificate

Confined Space

Know the following:

- ☐ Possible hazards within the confined space
- ☐ First signs of exposure
- ☐ How to summons help
- ☐ How to track personnel
- ☐ Entering and exiting the confined space
- ☐ Maintain contact with all entrants by voice or visual
- ☐ Do not attempt to rescue unless you are a part of a coordinated effort
- ☐ Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

- ☐ Others Working Overhead
- ☐ Type Work Others Doing
- ☐ PPE Due to Other Work
- ☐ Other

HAZARDS/BODY

- ☒ Fall Potential
- ☒ Pinch Points
- ☒ Slip-Trip Potential

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
- ☐ Flammable
- ☐ Ingestion
- ☐ Inhalation
- ☐ Skin Contamination

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
- ☐ Heat Stress
- ☐ Heavy Objects
- ☐ Hot/Cold Surf. Or Mat.
- ☐ Inadequate Lighting
- ☐ Line Breaking
- ☒ Noise
- ☐ Poor Access/Egress
- ☐ Sharp Objects
- ☐ Other

JOB SAFETY ANALYSIS

DATE: 5-11-10
JOB#: 13682
PERMIT#: 6 Davis
ISSUED BY:

Location of Job (Unit/Location on Project): SWMU 54		Required PPE: LEVEL D		Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		Job Task (What are You Doing) Checking Site 54 - Pulling samples from Branch from area 48		Potential Hazards Slips, Trips, Falls Truck Traffic Wet Weather		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Crew Name Signatures: JSA Completed at Tailgate Safety Meeting	
Supervisor of Work: Steve Kritik		JSA Prepared By: <i>H. Davis</i> Are other crews in area: NONE		New: XXXXX Revised:		Audit the Job Audit Time:		Supervisors Comments		Supervisor's Initials:					

JOB SAFETY ANALYSIS

DATE: 4-30-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Dawi

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G. Dawi
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	Wind Direction: N/A	Are other crews in area: NONE
	Evacuation Route: Follow Transport Route	
	Assembly Point: Gate 10	New: XXXX
		Revised:
Job Task (What are You Doing) <i>Loadout of Non-Haz Area B</i>		Audit the Job Audit Time:
Potential Hazards <i>Slips, trips, falls uneven ground Truck Traffic</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate Safety Meeting	<i>[Signature]</i>	



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-30-10
JOB#: 136880
PERMIT#: G-1000
ISSUED BY: G. Dean

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required _____
Cold Work _____
Hot Work _____
Entry Permit _____
All Conditions Met _____
Signed Off When Complete _____
Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves *Leather* _____
Composition of Gloves _____
Special Purpose Gloves _____
Tyvek Suit _____
Acid Suit /Slicker Suit _____
Rubber Boots _____
Mono Goggles (vented/non-vented) _____
Face Shield _____
Respirator _____
Fresh Air _____
Ear Protection _____
Safety Harness _____
Burning Goggles _____
Other *Work* _____

TOOLS

Current Inspection _____
Proper Tools for the Job _____
Good Tool Condition _____
Qualifications _____

EMERGENCY EQUIPMENT

Fire Extinguishers _____
Safety Shower _____
Evacuation Route _____
Other _____

ACCESS

Scaffold (properly inspected) _____
Ladder (Tied off) _____
Manlift _____
Personnel Basket (inspected & approved) _____
Operator Training _____
Special Provisions _____
Other _____

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

WELDING

Flashburns _____
Combustibles _____
Spark Containment _____
Shields _____
Grounding _____
Water Hose _____
Fire Extinguisher _____
Fire Blanket _____
Fire Watch _____
Sewer Covers _____
Other _____

OVERHEAD WORK

Barricades _____
Signs _____
Hole Cover _____
Handrail _____
Other _____

ELECTRICAL

Locked & Tagged out _____
Try Start/Stop Switch _____

LIFTING

Cherry Picker _____
Forklift _____
Other _____

Load Chart _____
Angle _____
Crane _____
Chainfall _____
Proper Rigging Practices _____
Manual Lifting _____
Condition of Equipment _____
Operator Certificate _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

Others Working Overhead _____
Type Work Others Doing _____
PPE Due to Other Work _____
Other _____

HAZARDS/BODY

Fall Potential _____
Pinch Points _____
Slip-Trip Potential _____
Other _____

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes _____
Flammable _____
Ingestion _____
Inhalation _____
Skin Contamination _____

HAZARDS (ENVIRONMENTAL)

Electrical Shock _____
Heat Stress _____
Heavy Objects _____
Hot/Cold Surf. Or Mat. _____
Inadequate Lighting _____
Line Breaking _____
Noise _____
Poor Access/Egress _____
Sharp Objects _____
Other _____

DATE: 4-29-10
 JOB#: 136886
 PERMIT#: 6-2000
 ISSUED BY: G. Davis

JOB SAFETY ANALYSIS

Shaw The Shaw Group Inc.



907

Location of Job (Unit/Location on Project): SWMU 54		LEVEL D Required PPE:		Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safety Access/ Location Supervisor of Work: Steve Kritik		Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		New: XXXX Revised:	
JSA Prepared By: G. Davis Are other crews in area: NONE		Audit the Job Audit Time:			
Potential Hazards <i>Load out of Area - HAZ in area B</i> <i>Signs, flags, bollards, ground marked</i> <i>Tuck in</i>		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's			
Supervisors Comments		Supervisor's Initials:			
Crew Name Signatures: <i>[Signature]</i> <i>[Signature]</i> JSA Completed at Tailgate Safety Meeting					



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-29-10
JOB#: 136888
PERMIT#:
ISSUED BY: C. Blum

SUPERVISION/FOREMAN

Steve Kutz

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- Required
- Cold Work
- Hot Work
- Entry Permit
- All Conditions Met
- Signed Off When Complete
- Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- Type of Gloves *Leather*
- Composition of Gloves
- Special Purpose Gloves
- Tyvek Suit
- Acid Suit /Slicker Suit
- Rubber Boots
- Mono Goggles (vented/non-vented)
- Face Shield
- Respirator
- Fresh Air
- Ear Protection
- Safety Harness
- Burning Goggles *Weld*
- Other

TOOLS

- Current Inspection
- Proper Tools for the Job
- Good Tool Condition
- Qualifications

Other

EMERGENCY EQUIPMENT

- Fire Extinguishers
- Safety Shower
- Evacuation Route
- Other
- ACCESS
- Scaffold (properly inspected)
- Ladder (Tied off)
- Manlift
- Personnel Basket (inspected & approved)
- Operator Training
- Special Provisions
- Other

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

WELDING

- Flashburns
- Combustibles
- Spark Containment
- Shields
- Grounding
- Water Hose
- Fire Extinguisher
- Fire Blanket
- Fire Watch
- Sewer Covers
- Other

OVERHEAD WORK

- Barricades
- Signs
- Hole Cover
- Handrail
- Other

ELECTRICAL

- Locked & Tagged out
- Try Start/Stop Switch

LIFTING

- Cherry Picker
- Forklift
- Extension Cord Inspection
- Other
- Assured Grounding
- GFCI Test
- Angle
- Crane
- Chainfall
- Proper Rigging Practices
- Manual Lifting
- Condition of Equipment
- Operator Certificate

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

- Others Working Overhead
- Type Work Others Doing
- PPE Due to Other Work
- Other

HAZARDS/BODY

- Fall Potential
- Pinch Points
- Slip-Trip Potential

HAZARDS/CHEMICALS

- Chemical Burn Skin/Eyes
- Flammable
- Ingestion
- Inhalation
- Skin Contamination

HAZARDS (ENVIRONMENTAL)

- Electrical Shock
- Heat Stress
- Heavy Objects
- Hot/Cold Surf. Or Mat.
- Inadequate Lighting
- Line Breaking
- Noise
- Poor Access/Egress
- Sharp Objects
- Other

DATE: 4-28-10
 JOB#: 136880
 PERMIT#: 6742
 ISSUED BY: J. Davis

JOB SAFETY ANALYSIS



Location of Job (Unit/Location on Project): SWMU 54		LEVEL D Required PPE:		Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safety Access/ Location Supervisor of Work: Steve Kritikak JSA Prepared By: J. Davis Are other crews in area: NONE		Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		New: XXXX Revised:	
Job Task (What are You Doing) <i>fordent of non-Hmz cross 54</i>		Potential Hazards <i>Large heavy fall truck traffic removal of ground</i>			
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisors Comments 			
Audit the Job Audit Time:		Supervisor's Initials: 			
Crew Name Signatures: 		JSA Completed at Tailgate <i>[Signature]</i>			
Safety Meeting 		 			



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-28-10
JOB#: 136880
PERMIT#: *610*
ISSUED BY: *610*

SUPERVISION/FOREMAN

Alan Kistak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required Cold Work Hot Work Entry Permit All Conditions Met Signed Off When Complete Other

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves *Leather* Composition of Gloves Special Purpose Gloves Tyvek Suit

Acid Suit / Slicker Suit Rubber Boots Mono Goggles (vented/non-vented) Face Shield Respirator Fresh Air

Ear Protection Safety Harness Burning Goggles *Yes* Other

TOOLS

Current Inspection Proper Tools for the Job Good Tool Condition Qualifications

Other

EMERGENCY EQUIPMENT

Fire Extinguishers Safety Shower Evacuation Route Other Scaffolding (properly inspected) Ladder (Tied off) Manlift

Personnel Basket (inspected & approved)

Operator Training

Special Provisions

Other

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

WELDING

Flashburns Combustibles Spark Containment Shields Grounding

Water Hose Fire Extinguisher Fire Blanket Fire Watch

Sewer Covers Other

OVERHEAD WORK

Barricades Signs Hole Cover Handrail

Other

ELECTRICAL

Locked & Tagged out Try Start/Stop Switch

GFCI Test Assured Grounding

Extension Cord Inspection Other

LIFTING

Forklift Cherry Picker

Load Chart Angle Crane Chainfall

Proper Rigging Practices Manual Lifting Condition of Equipment Operator Certificate

ACCESS

Scaffolding (properly inspected) Ladder (Tied off)

Manlift

Personnel Basket (inspected & approved)

Operator Training

Special Provisions

Other

HAZARDS (ENVIRONMENTAL)

Electrical Shock Heat Stress Heavy Objects Hot/Cold Surf. Or Mat. Inadequate Lighting Line Breaking Noise

Poor Access/Egress Sharp Objects Other

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes Flammable Ingestion Inhalation Skin Contamination

HAZARDS/BODY

Fall Potential Pinch Points Slip-Trip Potential

OTHER WORK IN AREA

Others Working Overhead Type Work Others Doing PPE Due to Other Work Other

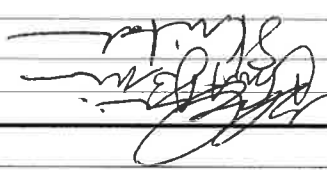
Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

DATE: 4-27-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

JOB SAFETY ANALYSIS

Location of Job (Unit/Location on Project): SWMU 54		Required PPE: LEVEL D		Pre-Job Preparation		Job Task (What are You Doing)		Audit the Job Audit Time:		Supervisors Comments		Supervisor's Initials:	
Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		Pre-Job Preparation Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Potential Hazards Stop High Jack Truck Traffic Personnel on Ground		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		JSA Completed at Tailgate Safety Meeting 			
Safety Access/ Location		Safe Haven: Gate 10		Wind Direction: N/A		Evacuation Route:		Follow Transport Route		Assembly Point: Gate 10			
Supervisor of Work: Steve Kritik		JSA Prepared By: 		Are other crews in area: NONE		New: XXXX		Revised:					



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: _____
JOB#: _____
PERMIT#: _____
ISSUED BY: _____

SUPERVISION/FOREMAN

Steve Kish

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required _____
Cold Work _____
Hot Work _____
Entry Permit _____
All Conditions Met _____
Signed Off When Complete _____
Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves *Leather* _____
Composition of Gloves _____
Special Purpose Gloves _____
Tyvek Suit _____
Acid Suit /Slicker Suit _____
Rubber Boots _____
Mono Goggles (vented/non-vented) _____
Face Shield _____
Respirator _____
Fresh Air _____

Ear Protection _____
Safety Harness _____
Burning Goggles *Yes* _____
Other *Yes* _____

TOOLS

Current Inspection _____
Proper Tools for the Job _____
Good Tool Condition _____
Qualifications _____
Other _____

EMERGENCY EQUIPMENT

Fire Extinguishers _____
Safety Shower _____
Evacuation Route _____
Other _____
ACCESS _____
Scaffold (properly inspected) _____
Ladder (Tied off) _____
Manlift _____
Personnel Basket (inspected & approved) _____
Operator Training _____
Special Provisions _____
Other _____

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

WELDING

Flashburns _____
Combustibles _____
Spark Containment _____
Shields _____
Grounding _____
Water Hose _____
Fire Extinguisher _____
Fire Blanket _____
Fire Watch _____
Sewer Covers _____
Other _____

OVERHEAD WORK

Baricades _____
Signs _____
Hole Cover _____
Handrail _____
Other _____

ELECTRICAL

Locked & Tagged out _____
Try Start/Stop Switch _____
GFCI Test _____
Assured Grounding _____
Extension Cord Inspection _____
Other _____

LIFTING

Forklift _____
Cherry Picker _____
Load Chart _____
Angle _____
Crane _____
Chainfall _____
Proper Rigging Practices _____
Manual Lifting _____
Condition of Equipment _____
Operator Certificate _____

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

Others Working Overhead _____
Type Work Others Doing _____
PPE Due to Other Work _____
Other _____

HAZARDS/BODY

Fall Potential *✓* _____
Pinch Points *✓* _____
Slip-Trip Potential *✓* _____
Other _____

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes _____
Flammable _____
Ingestion _____
Inhalation _____
Skin Contamination _____

HAZARDS (ENVIRONMENTAL)

Electrical Shock _____
Heat Stress _____
Heavy Objects _____
Hot/Cold Surf. Or Mat. _____
Inadequate Lighting _____
Line Breaking *✓* _____
Noise _____
Poor Access/Egress _____
Sharp Objects _____
Other _____

DATE: 4-26-10
 JOB#: 136880
 PERMIT#: 610000
 ISSUED BY: G. Davis

JOB SAFETY ANALYSIS

Location of Job (Unit/Location on Project): SWMU 54		LEVEL D Required PPE:		Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		JSA Prepared By: G. Davis Supervisor of Work: Steve Kritikak		Are other crews in area: NONE	
New: XXXX Revised:		Audit the Job Audit Time:		Supervisors Comments	
Job Task (What are You Doing) Loadout of 1712 in Area B on 5-4		Potential Hazards Slips, Trips, & Falls Wet Conditions Poor Visibility in afternoon Truck Traffic		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's	
Supervisor's Initials:		Crew Name Signatures:		JSA Completed at Tailgate Safety Meeting	



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-26-10
JOB#: 136880
PERMIT#: 6
ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Shawn Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required Cold Work Hot Work Entry Permit All Conditions Met Signed Off When Complete Other

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves *Leather*

Composition of Gloves

Special Purpose Gloves

Tyvek Suit

Acid Suit /Slicker Suit

Rubber Boots

Mono Goggles (vented/non-vented)

Face Shield

Respirator

Fresh Air

Ear Protection

Safety Harness

Burning Goggles

Other *cut*

TOOLS

Current Inspection Proper Tools for the Job Good Tool Condition Qualifications

EMERGENCY EQUIPMENT

Fire Extinguishers Safety Shower Evacuation Route Other

ACCESS

Scaffold (properly inspected) Ladder (Tied off) Manlift Personnel Basket (inspected & approved) Operator Training Special Provisions Other

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK. *M*

WELDING

Flashburns

Combustibles

Spark Containment

Shields

Grounding

Water Hose

Fire Extinguisher

Fire Blanket

Fire Watch

Sewer Covers

Other

OVERHEAD WORK

Barricades

Signs

Hole Cover

Handrail

Other

ELECTRICAL

Locked & Tagged out

Try Start/Stop Switch

GFCI Test

Assured Grounding

Extension Cord Inspection

Other

LIFTING

Forklift

Cherry Picker

Load Chart

Angle

Crane

Chainfall

Proper Rigging Practices

Manual Lifting

Condition of Equipment

Operator Certificate

HAZARDS (ENVIRONMENTAL)

Electrical Shock

Heat Stress

Heavy Objects

Hot/Cold Surf. Or Mat.

Inadequate Lighting

Line Breaking

Noise

Poor Access/Egress

Sharp Objects

Other

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes

Flammable

Ingestion

Inhalation

Skin Contamination

HAZARDS/BODY

Fall Potential

Pinch Points

Slip-Trip Potential

OTHER WORK IN AREA

Others Working Overhead

Type Work Others Doing

PPE Due to Other Work

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

DATE: 4-23-10
 JOB#: 16830
 PERMIT#: 16830
 ISSUED BY: G. Davis

JOB SAFETY ANALYSIS

Location of Job (Unit/Location on Project): SWMU 54		LEVEL D Required PPE:		Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safety Access/ Location Supervisor of Work: Steve Kritikak JSA Prepared By: G. Davis Are other crews in area: NONE		Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		Revised: New: XXXX	
Job Task (What are You Doing) Load out of HAZ area 54 (area B)		Potential Hazards 1. High Voltage 2. Crush / Traffic 3. Movement on Ground			
Supervisors Comments		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's			
Audit the Job Audit Time:		Supervisor's Initials:			
Crew Name Signatures:		JSA Completed at Tailgate Safety Meeting			

JOB SAFETY ANALYSIS

DATE: 4-22-10
 JOB#: 13688d
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		Required PPE: LEVEL D		Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		Supervisor of Work: Steve Kritik JSA Prepared By: Are other crews in area: NONE		Revised: New: XXXX Revised:	
Job Task (What are You Doing) <i>Load out soil over B in S4</i>		Audit the Job Audit Time:		Supervisors Comments <i>Stop! Stop! Stop! Knock out for weather</i>	
Potential Hazards Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:	
Crew Name Signatures: <i>[Signature]</i>		JSA Completed at Tailgate <i>[Signature]</i>		Safety Meeting	



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-2-10
JOB#: 136380
PERMIT#:
ISSUED BY: *[Signature]*

SUPERVISION/FOREMAN

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
- ☐ Cold Work
- ☐ Hot Work
- ☐ Entry Permit
- ☐ All Conditions Met
- ☐ Signed Off When Complete
- ☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves
- ☐ Composition of Gloves
- ☐ Special Purpose Gloves
- ☐ Tyvek Suit
- ☐ Acid Suit / Slicker Suit
- ☐ Rubber Boots
- ☐ Mono Goggles (vented/non-vented)
- ☐ Face Shield
- ☐ Respirator
- ☐ Fresh Air

- ☐ Ear Protection
- ☐ Safety Harness
- ☐ Burning Goggles
- ☒ Other

TOOLS

- ☐ Current Inspection
- ☐ Proper Tools for the Job
- ☐ Good Tool Condition
- ☐ Qualifications
- ☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
- ☐ Safety Shower
- ☐ Evacuation Route
- ☐ Other
- ☐ ACCESS
- ☐ Scaffold (properly inspected)
- ☐ Ladder (Tied off)
- ☐ Manlift
- ☐ Personnel Basket (inspected & approved)
- ☐ Operator Training
- ☐ Special Provisions
- ☐ Other

WELDING

- ☐ Flashburns
- ☐ Combustibles
- ☐ Spark Containment
- ☐ Shields
- ☐ Grounding
- ☐ Water Hose
- ☐ Fire Extinguisher
- ☐ Fire Blanket
- ☐ Fire Watch
- ☐ Sewer Covers
- ☐ Other

OVERHEAD WORK

- ☐ Barricades
- ☐ Signs
- ☐ Hole Cover
- ☐ Handrail
- ☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
- ☐ Try Start/Stop Switch
- ☐ GFCI Test
- ☐ Assured Grounding
- ☐ Extension Cord Inspection
- ☐ Other

LIFTING

- ☐ Cherry Picker
- ☐ Forklift
- ☐ Load Chart
- ☐ Angle
- ☐ Crane
- ☐ Chainfall
- ☐ Proper Rigging Practices
- ☒ Manual Lifting
- ☐ Condition of Equipment
- ☐ Operator Certificate

Confined Space

- ☐ Know the following:
- ☐ Possible hazards within the confined space
- ☐ First signs of exposure
- ☐ How to summons help
- ☐ How to track personnel
- ☐ Entering and exiting the confined space
- ☐ Maintain contact with all entrants by voice or visual
- ☐ Do not attempt to rescue unless you are a part of a coordinated effort
- ☐ Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

- ☐ Others Working Overhead
- ☐ Type Work Others Doing
- ☐ PPE Due to Other Work
- ☐ Other

HAZARDS/BODY

- ☒ Fall Potential
- ☒ Pinch Points
- ☒ Slip-Trip Potential
- ☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
- ☐ Flammable
- ☐ Ingestion
- ☐ Inhalation
- ☐ Skin Contamination
- ☐ Other

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
- ☐ Heat Stress
- ☐ Heavy Objects
- ☐ Hot/Cold Surf. Or Mat.
- ☐ Inadequate Lighting
- ☐ Line Breaking
- ☒ Noise
- ☐ Poor Access/Egress
- ☐ Sharp Objects
- ☐ Other

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

DATE: 4-21-10
 JOB#: 136280
 PERMIT#:
 ISSUED BY: G Davis

JOB SAFETY ANALYSIS



Location of Job (Unit/Location on Project): SWMU 54		Required PPE: LEVEL D		1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safety Access/ Location		Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		Pre-Job Preparation JSA Prepared By: G Davis Are other crews in area: NONE Supervisor of Work: Steve Kritik	
New: XXXX Revised:		Job Task (What are You Doing) Repairing to Lookout of Area B Training on 330 Machine			
Audit the Job Audit Time:		Potential Hazards Slip, Trip, Fall Loose material on ground Distraction Look out for small animals, (5 snakes)			
Supervisors Comments		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's			
Supervisor's Initials:		Crew Name Signatures: JSA Completed at Tailgate Safety Meeting Christopher Cowley			



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-21-10
JOB#: 136880
PERMIT#: 6
ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kish

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required _____
Cold Work _____
Hot Work _____
Entry Permit _____
All Conditions Met _____
Signed Off When Complete _____
Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves *Leather* _____
Composition of Gloves _____
Special Purpose Gloves _____
Tyvek Suit _____
Acid Suit /Slicker Suit _____
Rubber Boots _____
Mono Goggles (vented/non-vented) _____
Face Shield _____
Respirator _____
Fresh Air _____
Ear Protection _____
Safety Harness _____
Burning Goggles _____
Other *Weld* _____

EMERGENCY EQUIPMENT

Fire Extinguishers _____
Safety Shower _____
Evacuation Route _____
Other _____

ACCESS

Scaffold (properly inspected) _____
Ladder (Tied off) _____
Manlift _____
Personnel Basket (inspected & approved) _____
Operator Training _____
Special Provisions _____
Other _____

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

WELDING

Flashburns _____
Combustibles _____
Spark Containment _____
Shields _____
Grounding _____
Water Hose _____
Fire Extinguisher _____
Fire Blanket _____
Fire Watch _____
Sewer Covers _____
Other _____

OVERHEAD WORK

Bamccades _____
Signs _____
Hole Cover _____
Handrail _____
Other _____

ELECTRICAL

Locked & Tagged out _____
Try Start/Stop Switch _____
GFCI Test _____
Assured Grounding _____
Extension Cord Inspection _____
Other _____

LIFTING

Cherry Picker _____
Forklift _____
Load Chart _____
Angle _____
Crane _____
Chainfall _____
Proper Rigging Practices _____
Manual Lifting _____
Condition of Equipment _____
Operator Certificate _____

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

Others Working Overhead _____
Type Work Others Doing _____
PPE Due to Other Work _____
Other _____

HAZARDS/BODY

Skin Contamination _____
Fall Potential _____
Pinch Points _____
Slip-Trip Potential _____

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes _____
Flammable _____
Ingestion _____
Inhalation _____

HAZARDS (ENVIRONMENTAL)

Electrical Shock _____
Heat Stress _____
Heavy Objects _____
Hot/Cold Surf. Or Mat. _____
Inadequate Lighting _____
Line Breaking _____
Noise _____
Poor Access/Egress _____
Sharp Objects _____
Other _____

JOB SAFETY ANALYSIS

DATE: 4-20-76
JOB#: 130550
PERMIT#: 130550
ISSUED BY: C. L. H. S.

Location of Job		(Unit/Location on Project): SWMU 54		Required PPE:		LEVEL D	
Pre-Job Preparation		Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		JSA Prepared By: <i>C. Davis</i> Are other crews in area: NONE		New: XXXX Revised:	
Safety Access/ Location		Supervisor of Work: Steve Kritik		Audit the Job		Audit Time:	
Job Task (What are You Doing)		Potential Hazards		Supervisors Comments		Supervisor's Initials:	
Following sample case-4		8. Sign in for shift Work out for 30 min moving equipment		Recommended Action or Procedure		Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's	
Crew Name Signatures:		JSA Completed at Tailgate		Safety Meeting			



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-20-10
JOB#: 136880
PERMIT#: C-200
ISSUED BY: C-200

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required _____
Cold Work _____
Hot Work _____
Entry Permit _____
All Conditions Met _____
Signed Off When Complete _____
Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves *Leather* _____
Composition of Gloves _____
Special Purpose Gloves _____
Tyvek Suit _____
Acid Suit / Slicker Suit _____
Rubber Boots _____
Mono Goggles (vented/non-vented) _____
Face Shield _____
Respirator _____
Fresh Air _____
Ear Protection _____
Safety Harness _____

EMERGENCY EQUIPMENT

Fire Extinguishers _____
Safety Shower _____
Evacuation Route _____
Other _____

ACCESS

Scaffold (properly inspected) _____
Ladder (Tied off) _____
Manlift _____
Personnel Basket (inspected & approved) _____
Operator Training _____
Special Provisions _____
Other _____

WELDING

Flashburns _____
Combustibles _____
Spark Containment _____
Shields _____
Grounding _____
Water Hose _____
Fire Extinguisher _____
Fire Blanket _____
Fire Watch _____
Sewer Covers _____
Other _____

OVERHEAD WORK

Barricades _____
Signs _____
Hole Cover _____
Handrail _____
Other _____

ELECTRICAL

Locked & Tagged out _____
Try Start/Stop Switch _____

LIFTING

GFCI Test _____
Assured Grounding _____
Extension Cord Inspection _____
Other _____
Forklift _____
Cherry Picker _____

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

Others Working Overhead _____
Type Work Others Doing _____
PPE Due to Other Work _____
Other _____

HAZARDS/BODY

Fall Potential _____
Pinch Points _____
Slip-Trip Potential _____

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes _____
Flammable _____
Ingestion _____
Inhalation _____
Skin Contamination _____

HAZARDS (ENVIRONMENTAL)

Electrical Shock _____
Heat Stress _____
Heavy Objects _____
Hot/Cold Surf. Or Mat. _____
Inadequate Lighting _____
Line Breaking _____
Noise _____
Poor Access/Egress _____
Sharp Objects _____
Other *Small animal* _____

DATE: 4-19-10
JOB#: 136880
PERMIT#:
ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54						LEVEL D					
Required PPE:											
Pre-Job Preparation						1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)					
Safety Access/ Location						Safe Haven: Gate 10					
Supervisor of Work: Steve Kritik						JSA Prepared By: G. Davis					
Are other crews in area: NONE						Evacuation Route: Follow Transport Route					
New: XXXX						Wind Direction: N/A					
Revised:						Assembly Point: Gate 10					
Audit the Job						Job Task (What are You Doing)					
Audit Time:						Fitting in Road in area 54					
Supervisors Comments						Potential Hazards <i>8' High Trip Fall Unsafe ground</i>					
Supervisor's Initials:						Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's					
						Crew Name Signatures:					
						JSA Completed at Tailgate					
						Safety Meeting					



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-19-10
JOB#: 13682
PERMIT#: 61
ISSUED BY: C. Davis

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

HAZARDS (ENVIRONMENTAL)

Electrical Shock

Heat Stress

Heavy Objects

Hot/Cold Surf. Or Mat.

Inadequate Lighting

Line Breaking

Noise

Poor Access/Egress

Sharp Objects

Other

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes

Flammable

Ingestion

Inhalation

Skin Contamination

HAZARDS/BODY

Fall Potential

Pinch Points

Slip-Trip Potential

OTHER WORK IN AREA

Others Working Overhead

Type Work Others Doing

PPE Due to Other Work

Other

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

PERMITS

Required

Cold Work

Hot Work

Entry Permit

All Conditions Met

Signed Off When Complete

Other

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves

Composition of Gloves

Special Purpose Gloves

Tyvek Suit

Acid Suit /Slicker Suit

Rubber Boots

Mono Goggles (vented/non-vented)

Face Shield

Respirator

Fresh Air

Ear Protection

Safety Harness

Burning Goggles

Other

TOOLS

Current Inspection

Proper Tools for the Job

Good Tool Condition

Qualifications

Other

EMERGENCY EQUIPMENT

Fire Extinguishers

Safety Shower

Evacuation Route

Other

ACCESS

Scaffold (properly inspected)

Ladder (Tied off)

Manlift

Personnel Basket (inspected & approved)

Operator Training

Special Provisions

Other

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

JOB SAFETY ANALYSIS

DATE: 4-16-18
JOB#: 136880
PERMIT#: 6200
ISSUED BY:

Location of Job (Unit/Location on Project): SWMU 54		LEVEL D		Required PPE:		Safety Access/ Location		Job Task (What are You Doing)		Audit the Job Audit Time:		Supervisors Comments		Supervisor's Initials:			
Pre-Job Preparation		1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		New: XXXX Revised:		Supervisor of Work: Steve Kritik JSA Prepared By: G. Davis Are other crews in area: NONE		Pit in Stone on Road in area 54		Potential Hazards Steve Kritik Track Traffic moving equipment		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Crew Name Signatures: JSA Completed at Tailgate Safety Meeting	



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-16-10
JOB#: 136880
PERMIT#:
ISSUED BY: G. Brown

SUPERVISION/FOREMAN

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required _____
Cold Work _____
Hot Work _____
Entry Permit _____
All Conditions Met _____
Signed Off When Complete _____
Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves Leather _____
Composition of Gloves _____
Special Purpose Gloves _____
Tyvek Suit _____
Acid Suit /Slicker Suit _____
Rubber Boots _____
Mono Goggles (vented/non-vented) _____
Face Shield _____
Respirator _____
Fresh Air _____
Ear Protection _____
Safety Harness _____
Burning Goggles Yes _____
Other Yes _____

EMERGENCY EQUIPMENT

Other _____
Fire Extinguishers _____
Safety Shower _____
Evacuation Route _____
Other _____
ACCESS _____
Scaffold (properly inspected) _____
Ladder (Tied off) _____
Manlift _____
Personnel Basket (inspected & approved) _____
Operator Training _____
Special Provisions _____
Other _____

WELDING

Flashburns _____
Combustibles _____
Spark Containment _____
Shields _____
Grounding _____
Water Hose _____
Fire Extinguisher _____
Fire Blanket _____
Fire Watch _____
Sewer Covers _____
Other _____

OVERHEAD WORK

Barricades _____
Signs _____
Hole Cover _____
Handrail _____
Other _____

ELECTRICAL

Locked & Tagged out _____
Try Start/Stop Switch _____
GFCI Test _____
Assured Grounding _____
Extension Cord Inspection _____
Other _____
LIFTING _____
Forklift _____
Cherry Picker _____
Load Chart _____
Angle _____
Crane _____
Chainfall _____
Proper Rigging Practices _____
Manual Lifting _____
Condition of Equipment _____
Operator Certificate _____

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

Others Working Overhead _____
Type Work Others Doing _____
PPE Due to Other Work _____
Other _____

HAZARDS/BODY

Fall Potential _____
Pinch Points _____
Slip-Trip Potential _____

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes _____
Flammable _____
Ingestion _____
Inhalation _____
Skin Contamination _____

HAZARDS (ENVIRONMENTAL)

Electrical Shock _____
Heat Stress _____
Heavy Objects _____
Hot/Cold Surf. Or Mat. _____
Inadequate Lighting _____
Line Breaking _____
Noise _____
Poor Access/Egress _____
Sharp Objects _____
Other _____

DATE: 4-15-10
JOB#: 136822
PERMIT#: *G. Davis*
ISSUED BY: *G. Davis*

[illegible]



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-15-10
JOB#: 13688
PERMIT#: 612
ISSUED BY: [Signature]

SUPERVISION/FOREMAN

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required _____
Cold Work _____
Hot Work _____
Entry Permit _____
All Conditions Met _____
Signed Off When Complete _____
Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves Leather _____
Composition of Gloves _____
Special Purpose Gloves _____
Tyvek Suit _____
Acid Suit /Slicker Suit _____
Rubber Boots _____
Mono Goggles (vented/non-vented) _____
Face Shield _____
Respirator _____
Fresh Air _____
Ear Protection _____
Safety Harness _____
Burning Goggles Leaf _____
Other _____

TOOLS

Current Inspection _____
Proper Tools for the Job _____
Good Tool Condition _____
Qualifications _____
Other _____

EMERGENCY EQUIPMENT

Fire Extinguishers ✓ _____
Safety Shower _____
Evacuation Route _____
Other _____
ACCESS _____
Scaffold (properly inspected) _____
Ladder (Tied off) _____
Manlift _____
Personnel Basket (inspected & approved) _____
Operator Training _____
Special Provisions _____
Other _____

WELDING

Flashburns _____
Combustibles _____
Spark Containment _____
Shields _____
Grounding _____
Water Hose _____
Fire Extinguisher _____
Fire Blanket _____
Fire Watch _____
Sewer Covers _____
Other _____

OVERHEAD WORK

Barricades _____
Signs _____
Hole Cover _____
Handrail _____
Other _____

ELECTRICAL

Locked & Tagged out _____
Try Start/Stop Switch _____
GFCI Test _____
Assured Grounding _____
Extension Cord Inspection _____
Other _____

LIFTING

Forklift _____
Cherry Picker _____
Load Chart _____
Angle _____
Crane _____
Chainfall _____
Proper Rigging Practices ✓ _____
Manual Lifting _____
Condition of Equipment _____
Operator Certificate _____

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

Others Working Overhead _____
Type Work Others Doing _____
PPE Due to Other Work _____
Other _____

HAZARDS/BODY

Fall Potential ✓ _____
Pinch Points ✓ _____
Slip-Trip Potential ✓ _____
Other _____

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes _____
Flammable _____
Ingestion _____
Inhalation _____
Skin Contamination _____

HAZARDS (ENVIRONMENTAL)

Electrical Shock _____
Heat Stress _____
Heavy Objects _____
Hot/Cold Surf. Or Mat. _____
Inadequate Lighting _____
Line Breaking _____
Noise ✓ _____
Poor Access/Egress _____
Sharp Objects _____
Other _____

DATE: 4-14-10
JOB#: 136882
PERMIT#:
ISSUED BY: C. Brown

Location of Job (Unit/Location on Project): SWMU 54		LEVEL D		Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		Safety Access/ Location		Job Task (What are You Doing)		Audit the Job Audit Time:		Supervisors Comments		Supervisor's Initials:	
						Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10									



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-14-10
JOB#: 136550
PERMIT#:
ISSUED BY: C. Brown

SUPERVISION/FOREMAN

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required _____
Cold Work _____
Hot Work _____
Entry Permit _____
All Conditions Met _____
Signed Off When Complete _____
Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves Leather _____
Composition of Gloves _____
Special Purpose Gloves _____
Tyvek Suit _____
Acid Suit /Slicker Suit _____
Rubber Boots _____
Mono Goggles (vented/non-vented) _____
Face Shield _____
Respirator _____
Fresh Air _____
Ear Protection _____
Safety Harness _____

TOOLS

Current Inspection _____
Proper Tools for the Job _____
Good Tool Condition _____
Qualifications _____
Other _____

EMERGENCY EQUIPMENT

Fire Extinguishers _____
Safety Shower _____
Evacuation Route _____
Other _____

ACCESS

Scaffold (properly inspected) _____
Ladder (Tied off) _____
Manlift _____
Personnel Basket (inspected & approved) _____
Operator Training _____
Special Provisions _____
Other _____

WELDING

Flashburns _____
Combustibles _____
Spark Containment _____
Shields _____
Grounding _____
Water Hose _____
Fire Extinguisher _____
Fire Blanket _____
Fire Watch _____
Sewer Covers _____
Other _____

OVERHEAD WORK

Barricades _____
Signs _____
Hole Cover _____
Handrail _____
Other _____

ELECTRICAL

Locked & Tagged out _____
Try Start/Stop Switch _____
GFCI Test _____
Assured Grounding _____
Extension Cord Inspection _____
Other _____

LIFTING

Cherry Picker _____
Forklift _____
Load Chart _____
Angle _____
Crane _____
Chainfall _____
Proper Rigging Practices _____
Manual Lifting _____
Condition of Equipment _____
Operator Certificate _____

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

Others Working Overhead _____
Type Work Others Doing _____
PPE Due to Other Work _____
Other _____

HAZARDS/BODY

Skin Contamination _____
Fall Potential _____
Pinch Points _____
Slip-Trip Potential _____

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes _____
Flammable _____
Ingestion _____
Inhalation _____

HAZARDS (ENVIRONMENTAL)

Electrical Shock _____
Heat Stress _____
Heavy Objects _____
Hot/Cold Surf. Or Mat. _____
Inadequate Lighting _____
Line Breaking _____
Noise _____
Poor Access/Egress _____
Sharp Objects _____
Other _____

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-13-10
JOB#: 136880
PERMIT#: 6-2000
ISSUED BY: G. Davis

Location of Job		(Unit/Location on Project): SWMU 54	
LEVEL D		Required PPE:	
Pre-Job Preparation		1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safe Haven: Gate 10		Wind Direction: N/A	
Evacuation Route:		Follow Transport Route	
Assembly Point: Gate 10			
Safety Access/ Location		Supervisor of Work: Steve Kritik	
JSA Prepared By: <i>G. Davis</i>		Are other crews in area: NONE	
New: XXXX		Revised:	
Audit the Job		Audit Time:	
Supervisors Comments		Potential Hazards	
Supervisor's Initials:		Recommended Action or Procedure	
		Follow all safety precautions, proper PPE and use of equipment	
		Follow all RFAAP safety rules	
		Follow all Shaw SOP's	
		Crew Name Signatures:	
		JSA Completed at Tailgate	
		Safety Meeting	



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-13-16
JOB#: 136882
PERMIT#:
ISSUED BY: *[Signature]*

SUPERVISION/FOREMAN

[Signature]

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- Required
- Cold Work
- Hot Work
- Entry Permit
- All Conditions Met
- Signed Off When Complete
- Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- Type of Gloves *[Handwritten: Leather]*
- Composition of Gloves
- Special Purpose Gloves
- Tyvek Suit
- Acid Suit /Slicker Suit
- Rubber Boots
- Mono Goggles (vented/non-vented)
- Face Shield
- Respirator
- Fresh Air
- Ear Protection
- Safety Harness
- Burning Goggles *[Handwritten: Yes]*
- Other *[Handwritten: Yes]*

TOOLS

- Current Inspection
- Proper Tools for the Job
- Good Tool Condition
- Qualifications
- Other

EMERGENCY EQUIPMENT

- Fire Extinguishers
- Safety Shower
- Evacuation Route
- Other
- ACCESS
- Scaffold (properly inspected)
- Ladder (Tied off)
- Manlift
- Personnel Basket (inspected & approved)
- Operator Training
- Special Provisions
- Other

WELDING

- Flashburns
- Combustibles
- Spark Containment
- Shields
- Grounding
- Water Hose
- Fire Extinguisher
- Fire Blanket
- Fire Watch
- Sewer Covers
- Other

OVERHEAD WORK

- Barricades
- Signs
- Hole Cover
- Handrail
- Other

ELECTRICAL

- Locked & Tagged out
- Try Start/Stop Switch
- GFCI Test
- Assured Grounding
- Extension Cord Inspection
- Other
- LIFTING
- Forklift
- Cherry Picker
- Load Chart
- Angle
- Crane
- Chainfall
- Proper Rigging Practices
- Manual Lifting
- Condition of Equipment
- Operator Certificate

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

- Others Working Overhead
- Type Work Others Doing
- PPE Due to Other Work
- Other

HAZARDS/BODY

- Fall Potential
- Pinch Points
- Slip-Trip Potential
- Other

HAZARDS/CHEMICALS

- Chemical Burn Skin/Eyes
- Flammable
- Ingestion
- Inhalation
- Skin Contamination
- Other

HAZARDS (ENVIRONMENTAL)

- Electrical Shock
- Heat Stress
- Heavy Objects
- Hot/Cold Surf. Or Mat.
- Inadequate Lighting
- Line Breaking
- Noise
- Poor Access/Egress
- Sharp Objects
- Other

DATE: 4-12-10
 JOB#: 136850
 PERMIT#:
 ISSUED BY: *C. Davis*

JOB SAFETY ANALYSIS

Location of Job (Unit/Location on Project): SWMU 54		Required PPE: LEVEL D		Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	
Safety Access/ Location Supervisor of Work: Steve Kritik		Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		Revised: New: XXXX	
JSA Prepared By: <i>C. Davis</i> Are other crews in area: NONE		Audit the Job Audit Time:			
Supervisors Comments		Potential Hazards <i>Begin King John moving equipment punch hole punch punch</i>			
Supervisor's Initials:		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's			
Crew Name Signatures:		JSA Completed at Tailgate Safety Meeting <i>Steve Kritik</i>			



Shaw The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-12-10
JOB#: 130880
PERMIT#: 612000
ISSUED BY: C. P. Smith

SUPERVISION/FOREMAN

Steve Smith

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

Required _____
Cold Work _____
Hot Work _____
Entry Permit _____
All Conditions Met _____
Signed Off When Complete _____
Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

Type of Gloves _____
Composition of Gloves _____
Special Purpose Gloves _____
Tyvek Suit _____
Acid Suit / Slicker Suit _____
Rubber Boots _____
Mono Goggles (vented/non-vented) _____
Face Shield _____
Respirator _____
Fresh Air _____

Ear Protection _____
Safety Harness _____
Burning Goggles _____
Other _____

TOOLS

Current Inspection _____
Proper Tools for the Job _____
Good Tool Condition _____
Qualifications _____
Other _____

EMERGENCY EQUIPMENT

Fire Extinguishers _____
Safety Shower _____
Evacuation Route _____
Other _____
ACCESS _____
Scaffold (properly inspected) _____
Ladder (Tied off) _____
Manlift _____
Personnel Basket (inspected & approved) _____
Operator Training _____
Special Provisions _____
Other _____

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

WELDING

Flashburns _____
Combustibles _____
Spark Containment _____
Shields _____
Grounding _____
Water Hose _____
Fire Extinguisher _____
Fire Blanket _____
Fire Watch _____
Sewer Covers _____
Other _____

OVERHEAD WORK

Barricades _____
Signs _____
Hole Cover _____
Handrail _____
Other _____

ELECTRICAL

Locked & Tagged out _____
Try Start/Stop Switch _____
GFCI Test _____
Assured Grounding _____
Extension Cord Inspection _____
Other _____
LIFTING _____
Forklift _____
Cherry Picker _____
Load Chart _____
Angle _____
Crane _____
Chainfall _____
Proper Rigging Practices _____
Manual Lifting _____
Condition of Equipment _____
Operator Certificate _____

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

Others Working Overhead _____
Type Work Others Doing _____
PPE Due to Other Work _____
Other _____

HAZARDS/BODY

Fall Potential _____
Pinch Points _____
Slip-Trip Potential _____
Other _____

HAZARDS/CHEMICALS

Chemical Burn Skin/Eyes _____
Flammable _____
Ingestion _____
Inhalation _____
Skin Contamination _____

HAZARDS (ENVIRONMENTAL)

Electrical Shock _____
Heat Stress _____
Heavy Objects _____
Hot/Cold Surf. Or Mot. _____
Inadequate Lighting _____
Line Breaking _____
Noise _____
Poor Access/Egress _____
Sharp Objects _____
Other _____

JOB SAFETY ANALYSIS

DATE: 4-9-10
JOB#: 136882
PERMIT#:
ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		LEVEL D Required PPE:		Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10		Job Task (What are You Doing) <i>Loadout of area 54</i>		Audit the Job Audit Time:		Supervisors Comments		Supervisor's Initials:	
Supervisor of Work: Steve Kritik		JSA Prepared By: <i>A Davis</i>		Are other crews in area: NONE		New: XXXX Revised:		Potential Hazards <i>Slippery, deep falls, uneven ground Traffic (much), speed bumps Reduced on Road</i>		Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Crew Name Signatures:		JSA Completed at Tailgate Safety Meeting	



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-10-10
JOB#: 136880
PERMIT#:
ISSUED BY: C. Davis

SUPERVISION/FOREMAN

Blue Kink

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- Required
- Cold Work
- Hot Work
- Entry Permit
- All Conditions Met
- Signed Off When Complete
- Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- Type of Gloves ☒
- Composition of Gloves
- Special Purpose Gloves
- Tyvek Suit
- Acid Suit /Slicker Suit
- Rubber Boots
- Mono Goggles (vented/non-vented)
- Face Shield
- Respirator
- Fresh Air
- Ear Protection
- Safety Harness
- Burning Goggles ☒
- Other ☒

TOOLS

- Current Inspection
- Proper Tools for the Job
- Good Tool Condition
- Qualifications
- Other

EMERGENCY EQUIPMENT

- Fire Extinguishers ☒
- Safety Shower
- Evacuation Route
- Other
- ACCESS
- Scaffold (properly inspected)
- Ladder (Tied off)
- Manlift
- Personnel Basket (inspected & approved)
- Operator Training
- Special Provisions
- Other

WELDING

- Flashburns
- Combustibles
- Spark Containment
- Shields
- Grounding
- Water Hose
- Fire Extinguisher
- Fire Blanket
- Fire Watch
- Sewer Covers
- Other

OVERHEAD WORK

- Barricades
- Signs
- Hole Cover
- Handrail
- Other

ELECTRICAL

- Locked & Tagged out
- Try Start/Stop Switch
- GFCI Test
- Assured Grounding
- Extension Cord Inspection
- Other
- LIFTING
- Forklift
- Cherry Picker
- Load Chart
- Angle
- Crane
- Chainfall
- Proper Rigging Practices
- Manual Lifting
- Condition of Equipment
- Operator Certificate

Confined Space

Know the following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

OTHER WORK IN AREA

- Others Working Overhead
- Type Work Others Doing
- PPE Due to Other Work
- Other

HAZARDS/BODY

- Fall Potential ☒
- Pinch Points ☒
- Slip-Trip Potential ☒
- Other

HAZARDS/CHEMICALS

- Chemical Burn Skin/Eyes
- Flammable
- Ingestion
- Inhalation
- Skin Contamination

HAZARDS (ENVIRONMENTAL)

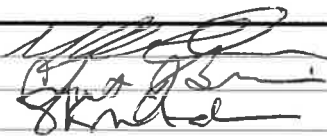
- Electrical Shock
- Heat Stress
- Heavy Objects
- Hot/Cold Surf. Or Mat.
- Inadequate Lighting
- Line Breaking
- Noise ☒
- Poor Access/Egress
- Sharp Objects
- Other



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-8-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By:
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Load out of Area 54		
Potential Hazards		Supervisors Comments
Slips, Trips, Falls		
Truck Traffic		
Possible Thunder storms		
Vehicle Traffic		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 4-8-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintub

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

Burning Goggles

Other *vest*

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☒ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☒ Other *Thunderstorms*

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

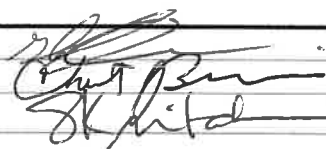
Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

JOB SAFETY ANALYSIS

DATE: 4-7-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Load out of area 54		
Potential Hazards		Supervisors Comments
Truck traffic		
Moving equipment		
Punch points		
Heavy loads pull uneven ground		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-7-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☒ Ear Protection
☐ Safety Harness

- ☐ Burning Goggles
☒ Other *Vest*

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications

- ☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

JOB SAFETY ANALYSIS

DATE: 4-6-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: <i>G. Davis</i>
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Load out of 5'4		
Potential Hazards		Supervisors Comments
Slips, Trips, Falls		
Hunt		
Traffic (Truck)		
Ground Personnel		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:	<i>Steve Kritak</i>	
JSA Completed at Tailgate Safety Meeting	<i>Chris Davis</i>	



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-6-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: B. Dini

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

- ☐ Burning Goggles
☒ Other *Safety Vest*

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

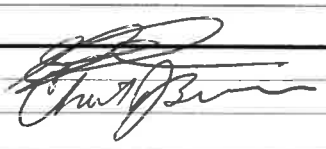
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 4-5-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By:
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Load out of 54		
Potential Hazards		Supervisors Comments
Ships Turning Tables		
Truck Traffic		
Moving Equipment		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 4-5-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications
☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☒ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

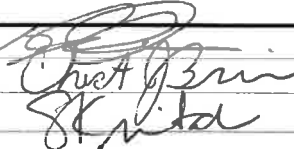
Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

JOB SAFETY ANALYSIS

DATE: 4-1-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By:
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Removing Soil from area 54		
Potential Hazards		Supervisors Comments
Slips, trips, falls		
Pinch Points		
moving equipment		
Backing Trucks + Truck Traffic		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
		
JSA Completed at Tailgate Safety Meeting		



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 4-1-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kirtak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves Leather
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☒ Fresh Air
☐ Ear Protection
☐ Safety Harness

☐ Burning Goggles

☒ Other Safety Vest

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☒ Proper Rigging Practices
☐ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☒ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

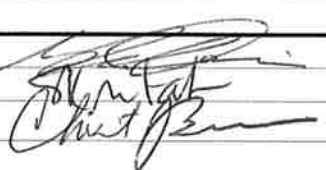
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 3-31-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54						
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: Are other crews in area: NONE				
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		<table border="1"> <tr> <td>New:</td> <td>XXXX</td> </tr> <tr> <td>Revised:</td> <td></td> </tr> </table>	New:	XXXX	Revised:	
New:	XXXX					
Revised:						
Job Task (What are You Doing)		Audit the Job Audit Time:				
Loading Soil in 54						
Potential Hazards		Supervisors Comments				
Slips, trips, falls Traffic (truck) Ground personnel Pinch points						
Recommended Action or Procedure		Supervisor's Initials:				
Follow all safety precautions, proper PPE and use of equipment						
Follow all RFAAP safety rules						
Follow all Shaw SOP's						
Crew Name Signatures:						
JSA Completed at Tailgate Safety Meeting						



JOB SAFETY ANALYSIS

DATE: 3-31-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Dawin

SUPERVISION/FOREMAN

Steve Kutak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

TOOLS

- ☐ Current Inspection
☐ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

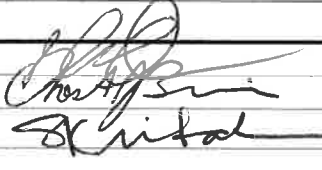
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 3-30-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: C Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: C Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Preparing Site 54		
Packing on Truck Box		
Potential Hazards		Supervisors Comments
Sign Tripods		
Punch Points		
moving Equipment		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 3-30-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kitch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other _____

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves Leather
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other _____

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☐ Good Tool Condition
☐ Qualifications
☐ Other _____

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other _____

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other _____

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other _____

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other _____

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other _____

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other _____

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other _____

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other _____

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 3-29-10

JOB#: 136880

PERMIT#:

ISSUED BY: C. Davis

Location of Job

(Unit/Location on Project): SWMU 54

Required PPE:

LEVEL D

Safety Access/ Location

Supervisor of Work: Steve Kritak

Safe Haven: Gate 10

JSA Prepared By: *[Signature]*

Wind Direction: N/A

Are other crews in area: NONE

Pre-Job Preparation

Evacuation Route:
Follow Transport Route

Assembly Point: Gate 10

New: XXXX

Revised:

1. Fill out JSA
2. Review JSA (EVERYONE)
3. Sign JSA (EVERYONE)

Job Task

(What are You Doing)

Checking on area 54
Putting JSA Signs on Truck
Checking out Equipment

Audit the Job

Audit Time:

Potential Hazards

Slips, Trips, Falls
Weather in Area
Pinch Points
Truck Traffic

Supervisors Comments

Recommended Action or Procedure

Follow all safety precautions, proper PPE and use of equipment

Follow all RFAAP safety rules

Follow all Shaw SOP's

Supervisor's Initials:

Crew Name Signatures:

JSA Completed at Tailgate
Safety Meeting

[Signature]
[Signature]
Kritak



JOB SAFETY ANALYSIS

DATE: 3-29-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☒ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 3-26-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: <i>G. Davis</i>
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Checking Site 54		
Putting new Box on Truck		
moving Equipment		
Potential Hazards		Supervisors Comments
Slips Trips Falls		
Bad Weather		
moving Equipment		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:	<i>[Signature]</i>	
JSA Completed at Tailgate		
Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 3-26-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

SUPERVISION/FOREMAN

Steve Kirtak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
- ☐ Cold Work
- ☐ Hot Work
- ☐ Entry Permit
- ☐ All Conditions Met
- ☐ Signed Off When Complete
- ☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
- ☐ Composition of Gloves
- ☐ Special Purpose Gloves
- ☐ Tyvek Suit
- ☐ Acid Suit /Slicker Suit
- ☐ Rubber Boots
- ☐ Mono Goggles (vented/non-vented)
- ☐ Face Shield
- ☐ Respirator
- ☐ Fresh Air
- ☐ Ear Protection
- ☐ Safety Harness
- ☐ Burning Goggles
- ☐ Other

TOOLS

- ☒ Current Inspection
- ☒ Proper Tools for the Job
- ☒ Good Tool Condition
- ☐ Qualifications
- ☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
- ☐ Safety Shower
- ☐ Evacuation Route
- ☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
- ☐ Ladder (Tied off)
- ☐ Manlift
- ☐ Personnel Basket (inspected & approved)
- ☐ Operator Training
- ☐ Special Provisions
- ☐ Other

WELDING

- ☐ Flashburns
- ☐ Combustibles
- ☐ Spark Containment
- ☐ Shields
- ☐ Grounding
- ☐ Water Hose
- ☐ Fire Extinguisher
- ☐ Fire Blanket
- ☐ Fire Watch
- ☐ Sewer Covers
- ☐ Other

OVERHEAD WORK

- ☐ Barricades
- ☐ Signs
- ☐ Hole Cover
- ☐ Handrail
- ☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
- ☐ Try Start/Stop Switch
- ☐ GFCI Test
- ☐ Assured Grounding
- ☐ Extension Cord Inspection
- ☐ Other

LIFTING

- ☐ Forklift
- ☐ Cherry Picker
- ☐ Load Chart
- ☐ Angle
- ☐ Crane
- ☐ Chainfall
- ☐ Proper Rigging Practices
- ☐ Manual Lifting
- ☐ Condition of Equipment
- ☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
- ☐ Heat Stress
- ☐ Heavy Objects
- ☐ Hot/Cold Surf. Or Mat.
- ☐ Inadequate Lighting
- ☐ Line Breaking
- ☒ Noise
- ☐ Poor Access/Egress
- ☐ Sharp Objects
- ☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
- ☐ Flammable
- ☐ Ingestion
- ☐ Inhalation
- ☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
- ☒ Pinch Points
- ☒ Slip-Trip Potential
- ☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
- ☐ Type Work Others Doing
- ☐ PPE Due to Other Work
- ☐ Other

Confined Space

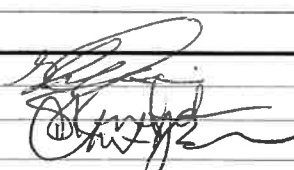
Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

JOB SAFETY ANALYSIS

DATE: 3-25-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G Davis Are other crews in area: NONE
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		New: XXXX Revised:
Job Task (What are You Doing)		Audit the Job Audit Time:
Checking area 54 Putting Job Box on site Checking on Trackhoe		
Potential Hazards		Supervisors Comments
Sharp things fall Pinch points Weather		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 3-25-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: A. Davis

SUPERVISION/FOREMAN

Steve Kritsch

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☒ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications

☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☒ Other *weather*

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 3-24-10
 JOB#: 136680
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: <i>G Davis</i>
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job Audit Time:
Fix Road at 54		
Repairing Tractor		
Watch for moving Equipment		
Watch for grounded personnel		
Potential Hazards		Supervisors Comments
Slips trips falls		
moving equipment		
weather		
Insects and small animals		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
<i>G Davis</i>		
<i>Steve Kritak</i>		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE:
JOB#:
PERMIT#:
ISSUED BY:

SUPERVISION/FOREMAN

Steve Kintak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☒ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications
☐ Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 3-23-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE:	Safety Access/ Location	Supervisor of Work: Steve Kritak
LEVEL D	Safe Haven: Gate 10	JSA Prepared By: G. Davis
	Wind Direction: N/A	Are other crews in area: NONE
<u>Pre-Job Preparation</u>	Evacuation Route: Follow Transport Route	
1. Fill out JSA	Assembly Point: Gate 10	New: XXXX
2. Review JSA (EVERYONE)		Revised:
3. Sign JSA (EVERYONE)		
Job Task (What are You Doing)		Audit the Job <u>Audit Time:</u>
Preparing Site 54		
Fixing Trachhoe		
Potential Hazards		Supervisors Comments
Slippery Turf, Falls		
Weather		
moving machines		
Traffic (vehicle)		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:	G. Davis	
JSA Completed at Tailgate Safety Meeting	Steve Kritak	



JOB SAFETY ANALYSIS

DATE: 3-23-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Krutak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☒ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☒ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential
☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

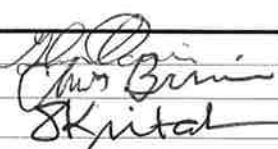
- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 3-22-10
 JOB#: 136880
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE New: XXXX Revised:
Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)		
Job Task (What are You Doing) Check out Site 5-4		Audit the Job Audit Time:
Potential Hazards Ships Tugboats Falls Traffic Wet Roads Bad Weather		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	 Chris Brum Kritak	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 3-22-10

JOB#: 136880

PERMIT#:

ISSUED BY: G. Darwin

SUPERVISION/FOREMAN

Steve Kintop

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☐ Ear Protection
☐ Safety Harness

TOOLS

- ☒ Current Inspection
☐ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☒ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

- ☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☐ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 3-19-10
 JOB#: Area 48
 PERMIT#:
 ISSUED BY: G Davis

Location of Job (Unit/Location on Project): SWMU 54 <i>Area 48</i>		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: Are other crews in area: NONE
	Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:
Job Task (What are You Doing) <i>Removing Safety Fence and Post</i> <i>Filling in Test Trenches</i> <i>Packaging samples</i> <i>Moving Drums to storage area</i>		Audit the Job Audit Time:
Potential Hazards <i>Overhead Power lines</i> <i>Slips, trips, falls, uneven ground</i> <i>Moving equipment</i> <i>punctured tires</i>		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	<i>[Signature]</i> <i>Steve Kritak</i> <i>Chris Brui</i>	
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE: 3-19-10

JOB#: Area 48

PERMIT#:

ISSUED BY: G Davis

SUPERVISION/FOREMAN

Steve Kirtak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☒ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☒ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

- ☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker

Load Chart

- ☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☒ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation
☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
- First signs of exposure
- How to summons help
- How to track personnel
- Entering and exiting the confined space
- Maintain contact with all entrants by voice or visual
- Do not attempt to rescue unless you are a part of a coordinated effort
- Remain at entry point assume no duties with take you from there.

SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



JOB SAFETY ANALYSIS

DATE: 3-18-10
 JOB#: Area 48
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54 Area 48		
Required PPE: LEVEL D	Safety Access/ Location	Supervisor of Work: Steve Kritak
	Safe Haven: Gate 10	JSA Prepared By: G. Davis
<u>Pre-Job Preparation</u> 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	Wind Direction: N/A	Are other crews in area: NONE
	Evacuation Route: Follow Transport Route	
	Assembly Point: Gate 10	New: XXXX
		Revised:
Job Task (What are You Doing)		Audit the Job Audit Time:
Taking Samples from Trenches dug in Area 48		
Potential Hazards		Supervisors Comments
Slips, trips falls open Trenches moving equipment Overhead Wires		
Recommended Action or Procedure		Supervisor's Initials:
Follow all safety precautions, proper PPE and use of equipment		
Follow all RFAAP safety rules		
Follow all Shaw SOP's		
Crew Name Signatures:		
JSA Completed at Tailgate Safety Meeting		



JOB SAFETY ANALYSIS

DATE:
JOB#:
PERMIT#:
ISSUED BY:

SUPERVISION/FOREMAN

Steve Kritak

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☒ Ear Protection
☐ Safety Harness

☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☐ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☐ Barricades
☐ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch

☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker

☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
☐ Heat Stress
☐ Heavy Objects
☐ Hot/Cold Surf. Or Mat.
☐ Inadequate Lighting
☐ Line Breaking
☒ Noise
☐ Poor Access/Egress
☐ Sharp Objects
☐ Other

HAZARDS/CHEMICALS

- ☐ Chemical Burn Skin/Eyes
☐ Flammable
☐ Ingestion
☐ Inhalation

☐ Skin Contamination

HAZARDS/BODY

- ☒ Fall Potential
☒ Pinch Points
☒ Slip-Trip Potential

☐ Other

OTHER WORK IN AREA

- ☐ Others Working Overhead
☐ Type Work Others Doing
☐ PPE Due to Other Work
☐ Other

Confined Space

Know the Following:

- Possible hazards within the confined space
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SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.



The Shaw Group Inc.

JOB SAFETY ANALYSIS

DATE: 3-17-10
 JOB#: 136880 / Area 48
 PERMIT#:
 ISSUED BY: G. Davis

Location of Job (Unit/Location on Project): SWMU 54 Area 48		
Required PPE: LEVEL D	Safety Access/ Location Safe Haven: Gate 10 Wind Direction: N/A Evacuation Route: Follow Transport Route Assembly Point: Gate 10	Supervisor of Work: Steve Kritak JSA Prepared By: G. Davis Are other crews in area: NONE
	Pre-Job Preparation 1. Fill out JSA 2. Review JSA (EVERYONE) 3. Sign JSA (EVERYONE)	New: XXXX Revised:
Job Task (What are You Doing) Digging Test Pits in area 48		Audit the Job Audit Time:
Potential Hazards 8 ft trips falls Punch Points, swing areas lifting 60 lbs Overhead lines		Supervisors Comments
Recommended Action or Procedure Follow all safety precautions, proper PPE and use of equipment Follow all RFAAP safety rules Follow all Shaw SOP's		Supervisor's Initials:
Crew Name Signatures:	[Signatures]	
JSA Completed at Tailgate Safety Meeting	[Signatures]	



JOB SAFETY ANALYSIS

DATE: 3-17-10
 JOB#: Area 48
 PERMIT#:
 ISSUED BY: C Davis

SUPERVISION/FOREMAN

Steve Kritzke

Consider the following and check the items which apply to the job, then review with the work crew.

PERMITS

- ☐ Required
☐ Cold Work
☐ Hot Work
☐ Entry Permit
☐ All Conditions Met
☐ Signed Off When Complete
☐ Other

PERSONAL PROTECTIVE EQUIP. (PPE)

- ☒ Type of Gloves *Leather*
☐ Composition of Gloves
☐ Special Purpose Gloves
☐ Tyvek Suit
☐ Acid Suit /Slicker Suit
☐ Rubber Boots
☐ Mono Goggles (vented/non-vented)
☐ Face Shield
☐ Respirator
☐ Fresh Air
☒ Ear Protection
☐ Safety Harness
☐ Burning Goggles
☐ Other

TOOLS

- ☒ Current Inspection
☒ Proper Tools for the Job
☒ Good Tool Condition
☐ Qualifications

Other

EMERGENCY EQUIPMENT

- ☒ Fire Extinguishers
☐ Safety Shower
☒ Evacuation Route
☐ Other

ACCESS

- ☐ Scaffold (properly inspected)
☐ Ladder (Tied off)
☐ Manlift
☐ Personnel Basket (inspected & approved)
☐ Operator Training
☐ Special Provisions
☐ Other

WELDING

- ☐ Flashburns
☐ Combustibles
☐ Spark Containment
☐ Shields
☐ Grounding
☐ Water Hose
☐ Fire Extinguisher
☐ Fire Blanket
☐ Fire Watch
☐ Sewer Covers
☐ Other

OVERHEAD WORK

- ☒ Barricades
☒ Signs
☐ Hole Cover
☐ Handrail
☐ Other

ELECTRICAL

- ☐ Locked & Tagged out
☐ Try Start/Stop Switch
☐ GFCI Test
☐ Assured Grounding
☐ Extension Cord Inspection
☐ Other

LIFTING

- ☐ Forklift
☐ Cherry Picker
☐ Load Chart
☐ Angle
☐ Crane
☐ Chainfall
☐ Proper Rigging Practices
☒ Manual Lifting
☐ Condition of Equipment
☐ Operator Certificate

HAZARDS (ENVIRONMENTAL)

- ☐ Electrical Shock
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HAZARDS/BODY

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OTHER WORK IN AREA

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SUPERVISOR/FOREMAN RECOMMENDATION: ASK FOR HELP
 IF YOU NEED IT OR ARE NOT 100% SURE ABOUT YOUR TASK.

RADFORD ARMY AMMUNITION PLANT
Alliant Ammunition & Energetics
Radford, Virginia

Date 7-19-2010**AREA ENTRY PERMIT**

(No Hot Work Is Authorized By This Permit)

This permit is strictly for the scope of work and limitations stated below and will not be expanded or deviated from by the personnel performing the work.

Issued to Shaw Environmental + InfrastructureArea of Work: SWMU 54 ; NE of open Burning Ground

Description of work to be performed: _____

Remove contaminated soil via excavation
equipment ; Back fill, grade & reseed

Special Precautions and/or Limitations to be followed: _____

Fire Extinguishers on site ; check yourself for ticks.

This permit is authorizing entry for the following period:

beginning 7-19-2010 20 10 at 0700 a.m.and ending 12-31-2010 20 10 at 1800 p.m.

The work scope and job site have been inspected and are approved for the work as described above.

Matt Allert
Operating DepartmentSam Hruby
Safety DepartmentMatt Allert
EngineerChad Brine
Contractor's Representative

RADFORD ARMY AMMUNITION PLANT
Alliant Ammunition & Energetics
Radford, Virginia

Date 1-12-2010

AREA ENTRY PERMIT
(No Hot Work Is Authorized By This Permit)

This permit is strictly for the scope of work and limitations stated below and will not be expanded or deviated from by the personnel performing the work.

Issued to Shaw Env. & InfrastructureArea of Work: SWMU 54; Former Propellant Burning Ground Ash Disposal AreaDescription of work to be performed: Environmental Remediation; soil
excavation, loading, hauling, Backfilling, grading
seeding.

Special Precautions and/or Limitations to be followed:

This permit is authorizing entry for the following period:

beginning January 12 20 10 at 0700 a.m.
and ending July 12 20 10 at 1900 a.m.
p.m.

The work scope and job site have been inspected and are approved for the work as described above.

Matt Alberts
Operating DepartmentJ.M. Hollier
Safety DepartmentMatt Alberts
EngineerChet B...
Contractor's Representative

RADFORD ARMY AMMUNITION PLANT
Alliant Ammunition & Energetics
Radford, Virginia

Date 3-17-2010

AREA ENTRY PERMIT
(No Hot Work Is Authorized By This Permit)

This permit is strictly for the scope of work and limitations stated below and will not be expanded or deviated from by the personnel performing the work.

Issued to Shaw Env. + InfrastructureArea of Work: SILMU 48Description of work to be performed: Ash layer delineation
- Backhoe will be used to unearth ash layer

Special Precautions and/or Limitations to be followed: _____

This permit is authorizing entry for the following period:

beginning March 17th 20 10 at 1700 a.m.
and ending March 31st 20 10 at 1900 a.m.

The work scope and job site have been inspected and are approved for the work as described above.

Matt Alletto
Operating Department[Signature]
Safety DepartmentMatt Alletto
EngineerChris Br...
Contractor's Representative

RADFORD ARMY AMMUNITION PLANT
Alliant Ammunition & Energetics
Radford, Virginia

Date 12-7-09

AREA ENTRY PERMIT
(No Hot Work Is Authorized By This Permit)

This permit is strictly for the scope of work and limitations stated below and will not be expanded or deviated from by the personnel performing the work.

Issued to Shaw EnvironmentalArea of Work: SWMU 54 ; Field north of Open Burning GroundDescription of work to be performed: Surveying, contaminated soil/
excavation, backfilling, grading seedingSpecial Precautions and/or Limitations to be followed: Yield to powder vans
that are approaching Open Burning Grounds.

This permit is authorizing entry for the following period:

beginning Dec. 7th 20 09 at 0700 a.m.
and ending Dec 31 20 09 at 1900 a.m.
p.m.

The work scope and job site have been inspected and are approved for the work as described above.

Matt Alberts
Operating Department[Signature]
Safety DepartmentMatt Alberts
Engineer[Signature]
Contractor's Representative